



**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)  
PHASE III YEAR 3**



UTAH DEPARTMENT OF  
**HEALTH**  
Baby Watch Early Intervention  
Birth to Three Development

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## Summary of Phase III Year 3

### Executive Summary

The third year of the Implementation and Evaluation phase of Utah’s State Systemic Improvement Plan (SSIP) began January 1, 2018 and ended February 28, 2019. During the past year, the Baby Watch Early Intervention Program (BWEIP) has been able to fully staff Utah’s lead agency, which included hiring a second Compliance & Monitoring Specialist and a Part C Data Manager. With a fully staffed team, Baby Watch has been able to successfully move forward with Utah’s SSIP work, including significant utilization of stakeholder input. In April 2018, Baby Watch appointed leads for each of the SSIP strands: Assessment, Professional Development, Family Engagement, Collaboration, and Compliance and Quality Assurance. For the current reporting year, the Baby Watch team has provided a SiMR evaluation and data report, qualitative and quantitative data for the SSIP strands, as well as support evaluation and presentation of other program data.

In alignment with Utah’s SSIP, Baby Watch strives to ensure that Utah continues to provide high-quality Part C services for all eligible children throughout the state, regardless of the geographic region their family lives in. During 2018, Baby Watch has been able to optimize program resources to have a positive impact on the State-identified Measurable Result (SiMR).

### State-identified Measurable Result (SiMR)

As a result of early data analysis and in-depth discussion by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah’s State-identified Measurable Result (SiMR) states:

By FFY2019, Baby Watch Early Intervention Program would like to increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS). The latest data report indicates improvement over last year.

**Reported Data**  
*Baseline Data: 2013*

FFY	2013	2014	2015	2016	2017
Target		65.00%	65.00%	65.00%	66.00%
Data	65.00%	70.78%	67.11%	60.55% <del>67.11%</del>	63.59%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### Evaluation Activities, Measures, and Outcomes

During this past reporting year, Baby Watch hired a Part C Data Manager with expertise in statistics and data analysis. As a result, Baby Watch has been able to obtain and analyze quantitatively measurable data throughout 2018. In the following report, Utah Part C demonstrates reliable results measures for the state’s 2018 SSIP work, in addition to the successful completion of Improvement Strategies and Activities.

## Notable Changes to Implementation and Improvement Strategies

Utah's SSIP work continues to address the previously identified Theory of Action and Logic Model for the SSIP Action Plan. In addition, through ongoing evaluation of Utah's Part C SSIP improvement activities, the Compliance and Quality Assurance strand was added to the state's Part C Theory of Action and Logic Model in 2018. Revisions are updated in **RED** in the Theory of Action (ToA) and Logic Model tables. Improvement strategies, including how they will contribute to achievement of Utah's SiMR, are visually depicted in Baby Watch's Theory of Action. Included in the Compliance and Quality Assurance section of this report are details about new activities, timelines, data sources, and evaluation plans.

Baby Watch has completed various improvement activities and has also acknowledged the need to reevaluate previously identified timelines. Through evaluation of completed improvement activities for the current reporting year, Utah has made necessary and appropriate adjustments to projected timelines during 2018. Newly identified timelines allow for thorough evaluation and successful outcome reporting for 2019.

## Stakeholder Involvement in the SSIP Evaluation

Throughout the current reporting year, stakeholders have continued to be actively involved in Utah's ongoing development and implementation of the SSIP. Stakeholders are informed about SSIP work and processes through ICC meetings, grantee meetings, webinars, as well as from state and nationally organized trainings. Stakeholder survey responses continue to provide valuable feedback regarding decision making and implementation for the state's SSIP work.

Stakeholder work groups have been organized based on each of the SSIP strands, and stakeholder participation is encouraged to advise and assist the lead agency in decision-making processes. Work groups have continued to promote social-emotional outcomes for the development of infants and toddlers that also improve social-emotional relationships for children of culturally diverse backgrounds. In addition, community partners have collaborated with Baby Watch to participate in and increase child-find activities. They have also been instrumental in identifying resources and creating materials to further support families with various cultural backgrounds, and who have children with special needs. Details of how stakeholders have been informed, contributed to, and are actively engaged in the ongoing implementation of the SSIP are described throughout this report.

## Technical Assistance

Baby Watch continues to access and benefit from technical assistance from the Office of Special Education Programs (OSEP), including Utah's identified OSEP state contact, as well as federally funded technical assistance centers. Through active participation in multiple TA activities, Utah's Part C lead agency staff have been invited to collaborate with various TA leaders and also to present Utah's progress at national conferences. During 2018, lead agency staff participated in the IDEA Infant & Toddler Coordinators Association (ITCA), Improving Data Improving Outcomes Conference (IDIO), ITCA Fiscal Initiative meetings, Zero to Three conference, and Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) conference. Baby Watch will also benefit through attendance at the OSEP Leadership Conference in July 2019.

Utah continues to be a member of the National Center for Systemic Improvement (NCSI) Part C Results-Based Accountability (RBA) and Social-Emotional Outcomes Cross-State Learning Collaborative (CSLC). Baby Watch staff participated in the 2018 Fall CSLC convention and will also be attending the 2019 Spring Leads meeting.

## Theory of Action



Logic Model

Inputs	Outputs & Strategies: BWEIP will	Outcomes & Impact		
		Short-Term	Intermediate	Long-Term
<p>BWEIP staff</p> <p>Interagency Coordinating Council (ICC)</p> <p>Utah SSIP Core Work Group</p> <p>BWEIP CSPD Redesign ICC Committee: Orientation, Coaching, Learning Topic, and Policy Subcommittees</p> <p>Early Childhood Personnel Center (ECPC), University of Kansas</p> <p>ECTA Technical Assistance</p> <p>ECTA Social-Emotional Learning Community</p> <p>NCSI Cross-State Learning Collaboratives:</p> <ul style="list-style-type: none"> <li>Social-Emotional Outcomes (SEO)</li> <li>Results-Based Accountability (RBA)</li> </ul> <p>SSIP Work Teams:</p> <ul style="list-style-type: none"> <li>Family Engagement</li> <li>Cultural Diversity</li> <li>Community Resources</li> <li>Compliance &amp; Quality Assurance</li> </ul>	<p><b>Assessment Strand:</b> Develop guidance on the use of valid, reliable, culturally appropriate social-emotional (SE) tools and methods to assess children 0-3.</p> <p>Provide support to EI providers to implement assessment guidance for social-emotional development.</p> <p><b>PD Strand:</b> Enhance Utah’s statewide CSPD system with the DEC/CEC standards to ensure the use of evidence-based practices by all EI providers.</p> <p>Redesign the current CSPD system to ensure EI providers have the knowledge and skills to implement evidence-based practices.</p> <p>Implement a new EI provider orientation and self-assessment to result in an individualized learning and coaching plan.</p> <p><b>Family Engagement Strand:</b> Develop guidance to support EI providers in the use or delivery of culturally-appropriate assessment and EI services.</p> <p>Provide support to EI providers to implement guidance for culturally-appropriate services and assessments.</p> <p><b>Collaboration Strand:</b> Compile and disseminate community resources to support EI providers in their work with children and families from diverse cultures.</p> <p><b>Compliance &amp; Quality Assurance Strand:</b> Redesign Utah’s Part C General Supervision System to include on- and off-site monitoring of performance and compliance indicators to improve child and family outcomes.</p> <p>Support providers to implement improvement activities identified in Quality Assurance Plans (QAPs).</p>	<p><b>Assessment Strand:</b> BWEIP has guidance on use of valid, reliable, culturally appropriate tools and methods to assess SE skills and needs of children 0-3.</p> <p>Providers have appropriate assessment tools and methods to evaluate SE development of infants and toddlers of all cultures.</p> <p><b>PD Strand:</b> BWEIP has credentialing standards that align with DEC/CEC national standards.</p> <p>BWEIP has an enhanced CSPD system (self-assessment, orientation, and coaching for all new providers) linked to the new standards that includes areas around cultural competency, social-emotional assessment, family-centered services, RBI, and family engagement.</p> <p><b>Family Engagement Strand:</b> BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.</p> <p>Providers use cultural diversity resources.</p> <p><b>Collaboration Strand:</b> BWEIP has a compendium of community resources for local programs to access and support children and families from diverse cultures.</p> <p>Providers have community resources to support children and families from diverse cultures.</p> <p><b>Compliance &amp; Quality Assurance Strand:</b> BWEIP has a redesigned General Supervision System that includes tools and guidance to support ongoing, program-level evaluation of compliance and performance indicators.</p> <p>Providers and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs.</p>	<p><b>Assessment Strand:</b> Providers and families develop social-emotional outcomes on IFSPs.</p> <p><b>PD Strand:</b> Providers access credential renewal training and learning experiences based on new standards.</p> <p>Providers implement evidence-based practices to help families support their child’s development.</p> <p>Families are empowered, motivated, and have opportunities to feel successful in their child’s development.</p> <p><b>Family Engagement Strand:</b> Providers who use the cultural diversity resources are more competent and confident in working with diverse families.</p> <p>Increased trust between providers and families.</p> <p><b>Collaboration Strand:</b> Providers use community resources to address family needs, resulting in decreased family stressors.</p> <p><b>Compliance &amp; Quality Assurance Strand:</b> Providers are more confident and competent in meeting state and federal performance and compliance indicators that improve outcomes for children and families.</p> <p>Providers and BWEIP improve state and local infrastructure for continuous improvement for results, compliance, &amp; implementation of EBPs.</p> <p>Providers and BWEIP improve relationships, increase collaboration, and renew trust between the state and local programs and families.</p>	<p><b>SIMR:</b> By FFY2019, Utah Baby Watch Early Intervention Program (BWEIP) will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).</p>

## **Improvement Strategies and Principle Activities**

At this time, Baby Watch is pleased to report on improvement strategies in each of the five strands in Utah’s Logic Model and Theory of Action. Activities completed during the current reporting year that align with improvement strategies identified in Utah’s State Systemic Improvement Plan (SSIP) are summarized in the outline below. Additional details, as well as activities that the state will implement next year, are described throughout this report.

### **Assessment Strand**

1. The Battelle Developmental Inventory Second Edition Normative Update (BDI-2 NU) is required to obtain a Standard Score for Utah’s Part C eligibility criteria.
  - a. Over 250 Utah EI direct service providers who are responsible for administering evaluations for EI eligibility participated in a full day, in-person training presented by Katee Duffy, National Clinical Measurement Consultant, from Houghton Mifflin Harcourt between June and August 2018.
  - b. Baby Watch Eligibility policy was revised in December 2018 and underwent public hearings in 2019.
  - c. SSIP Assessment work group reviewed the BDI-2 NU Personal-Social domain to determine the need for additional social-emotional assessment tools.
2. The Baby & Toddler Online Tracking System (BTOTS) database now includes:
  - a. Updates to reflect the BDI-2 NU. The BTOTS BDI-2 NU stakeholder work group, comprised of various EI service providers and BTOTS developers, collaborated to make enhancements to eligibility and assessment features in BTOTS.
  - b. BTOTS reports that track social-emotional tools being used to assess children, as well as to develop social-emotional outcomes on IFSPs.
3. Monitoring and Quality Assurance Reports
  - a. Baby Watch General Supervision System was updated to include a topical monitoring system using Monitoring and Quality Assurance Reports. On-site and off-site monitoring was conducted to ascertain understanding and implementation of services surrounding the social-emotional domain. Topical monitoring activities included reviewing reports to track social-emotional IFSP outcomes, as well as the current level of parent and provider understanding.
  - b. Baby Watch General Supervision System also includes Quality Assurance Plans through which EI programs identify their improvement activities. Many local EI programs have identified improvement activities pertaining to social-emotional development.

### **Professional Development Strand**

1. Identified improvements to the Early Intervention Credential paperwork to better streamline the credential application process.
2. The Baby Watch team continued to maintain the online Early Intervention Specialist (EIS) credential training experience throughout 2018, as well as made several technical and process improvements.
3. In 2018, the Baby Watch CSPD revised the CSPD policy to include the following new requirements:
  - a. All direct service providers, including Service Coordinators, must have a completed bachelor’s degree before hire.
  - b. All direct service providers must complete CPR/First Aid training within 12 months of hire.

### Family Engagement Strand

1. Interagency Coordinating Council (ICC)
  - a. Collaborative efforts to provide ongoing stakeholder involvement and support of SSIP work.
  - b. Family Advocacy subcommittee promotes awareness of early intervention throughout the state.
  - c. Five parent members participate on the ICC and represent urban and rural geographic regions.
  - d. Two ICC Parent Representatives are also participants on the SSIP Family Engagement work group.
2. Utah Parent Center
  - a. An important community partner for the Baby Watch program.
  - b. Plays a critical role in community outreach and child find in culturally diverse communities.
  - c. Increase parent knowledge and promote understanding of rights and protections under IDEA.
  - d. Makes information available in French, German, Italian, Spanish, and Portuguese.
3. Utah Office of Indian Affairs provides resources throughout the State of Utah, as well as to early intervention providers serving American Indian families.
  - a. Utah American Indian Digital Archive and Urban Indian Center of Salt Lake
  - b. Center for Parent Information and Resources

### Collaboration Strand

1. SSIP Collaboration work group has worked to gather resources to further inform and educate early intervention providers about culturally diverse children and families who are served in Baby Watch programs.
2. Baby Watch website
  - a. Enhance for the purpose of increasing parent understanding of rights and privileges under IDEA, and during the family's time of participation in early intervention.
  - b. Update and enhance ICC tab to include a means for parent to file a complaint with the option of dispute resolution.
  - c. Include cultural resources available to EI providers and families within the Education tab.
3. Help Me Grow, a program of the United Way of Utah
  - a. Partners with all 15 EI programs to encourage advocacy and education.
  - b. Provides free, online developmental screeners.
  - c. Includes Utah's Part C Central Directory to provide referrals for children 33 months and younger.
  - d. Answers family's questions about parenting and child development.
4. Utah Association for Infant Mental Health (UAIMH)
  - a. Pursuing Michigan Association for Infant Mental Health Competencies and Endorsement.
  - b. Includes a Baby Watch representative on the UAIMH Infant Mental Health Competency Work Group.
  - c. Offers in-service training for EI employees and early childhood professionals.
  - d. Advocates for social-emotional well-being of Utah infants and toddlers.

### Compliance and Quality Assurance Strand

1. Redesigned the General Supervision System to include comprehensive, on- and off-site monitoring activities.
2. Created tools to measure quality and compliance of local EI programs that are providing EI services.
3. Conducted satisfaction surveys of families currently referred, enrolled, or no longer receiving from EI services.
4. Interviewed program administrators and providers to assess consistencies in systems and practices.
5. Evaluated local EI program policies/procedures to ensure alignment with federal regulations and state policy.
6. Delivered comprehensive audit reports to each local EI program to inform improvement efforts, including strengths and identified needs.
7. Provided T/TA support to local programs to meet objectives identified in quality monitoring reports.

## B1. Assessment Strand

### Data on Implementation and Outcomes

The SSIP Assessment work group was created in spring 2018 and is comprised of local EI program administrators and providers, lead agency staff, a parent of a child in early intervention, and a community stakeholder. The purpose of the SSIP Assessment work group is to identify and establish the use of valid, reliable, and culturally sensitive assessment tools to ensure an accurate assessment of social-emotional skills and needs of children birth to three. Furthermore, the work group was entrusted with the responsibility of identifying and educating EI programs about available assessment tools and methods. These guidance tools are intended to serve as a fidelity measurement to support the development of functional and measurable social-emotional Individual Family Service Plan (IFSP) outcomes. This stakeholder work group has participated in regular monthly meetings throughout 2018, and in collaboration with other SSIP work groups, has been able to advise and assist BWEIP on various SSIP activities.

Type of Outcome	Description
<b>Short-term</b>	BWEIP develops useful guidance on use of valid, reliable, culturally sensitive tools and methods for assessing social-emotional skills and needs of children birth to three.
<b>Short-term</b>	EI providers have access to and utilize appropriate assessment tools and methods to evaluate social-emotional development of infants and toddlers of all cultures.
<b>Intermediate-term</b>	EI providers and families develop social-emotional outcomes on the IFSP.
<b>Long-term</b>	State-identified Measurable Result (SiMR)

As reported during 2017, progress in implementation and evaluation of the SSIP Assessment strand were delayed due to administrative changes and staff vacancies. The Assessment work group responded to address barriers and optimize limited resources by revising the data evaluation plan, improvement plan activities, and projected timelines. The improvement plan below provides an overview of progress in evaluating, measuring, and achieving identified assessment activities.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in BWEIP’s [Theory of Action \(ToA\)](#).

## Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>1. Determine what assessment tools and methods are being used by EI providers to assess the social-emotional domain.</b>	A. Run a BTOTS database query for SFY13-SFY15 to identify assessment methods for children referred with and without initial concerns in the social-emotional domain who are less than 12 months and 12+ months at time of initial referral.	Data consultant time  BTOTS database	Data Manager  BTOTS development team	Jan – Feb 2016  <b>COMPLETED</b>
	B. <b>Survey local EI providers about their use of social-emotional assessment methods, current guidance, policy and procedures for those assessment methods, and plans to make changes.</b>	<b>Social-emotional assessment method email survey</b>	<b>SSIP Assessment work group</b>	<b>Sept – Oct 2018 COMPLETED</b>
<b>2. Determine what the queried assessment methods tell us about the types of assessment used previously for initial social-emotional concerns.</b>	A. Describe differences within and across fiscal years, age of referral, and type of initial concern(s).	Other issues identified from the analysis	SSIP Coordinator  Consulting Psychologist	<del>March – May 2016</del> <del>Not Met. Data Manager position remains vacant.</del> <del>2018</del> <del>2019</del>
	B. Identify what assessment methods are currently being used, and if they are ineffective because they are not valid, reliable, or culturally sensitive, and what other issues might be at play given the age of the child.  C. <b>Analyze results of social-emotional assessment method survey to identify what tools, guidance, policy and procedures are ineffective.</b>	<b>Survey results</b>	<b>SSIP Assessment work group</b>	<b>Nov 2018 COMPLETED</b>
<b>3. Determine what we know about the characteristics of currently used assessments for measuring social-emotional development.</b>	A. Review examiners' manuals for assessments currently used to measure social-emotional development to determine if more could be learned (e.g., are some more appropriate for infants vs. children 12+ months?)	Assessment examiners' manuals  BTOTS database	SSIP Coordinator  EI Staff  BTOTS Development Team	Spring 2016  <b>COMPLETED</b>
	B. BWEIP staff identifies assessments to be reviewed and uploaded in the BTOTS Assessment drop-down menu.			
<b>4. Determine if the 2014 CSPD Needs Assessment contains any information that</b>	A. Review the Needs Assessment to determine what information relates to this question.	2014 CSPD Needs Assessment	SSIP Core Work Team	Work group discussion crosswalk w/ CSPD redesign
	B. Identify assessment used and		SSIP	

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
would inform the discussion of the adequacy of currently used assessment methods for the social-emotional domain.	<p>problematic aspects.</p> <p>C. Conduct a joint discussion with the CSPD Redesign Committee and choose the social-emotional assessments.</p> <p>D. <b>Review assessment and social-emotional development needs with stakeholders. Identify needs.</b></p>	ICC Meeting	<p>Coordinator</p> <p>CSPD Redesign Committee</p> <p>SSIP Professional Development work group</p>	<p>June 2016</p> <p><b>COMPLETED</b></p> <p>Determine w/ Core Work Team a limited and recommended SE assessment set by Fall 2016. Pilot w/ programs. 2018</p> <p>2019</p>
5. Determine if there are other valid, reliable, and culturally sensitive social-emotional assessment methods that could replace or be added to the current list of assessments used.	<p>A. Identify other possible assessment measures and methods available in the social-emotional domain, including whether they are age-specific.</p> <p>B. Disseminate ECTA assessment resource list with the Assessment work group for review and consideration.</p> <p>C. Identify social-emotional assessments and implement limited assessment selection.</p> <p>D. <b>Review current literature on social-emotional assessment tools.</b></p>	ECTA Assessment Resource list	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>BWEIP and EI Program Staff</p> <p>Consulting Psychologist</p> <p>SSIP Assessment work group</p>	<p>Winter 2016</p> <p><b>COMPLETED</b></p> <p>Nov 2018</p> <p><b>COMPLETED</b></p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>6. Determine what process will be used for evaluating and selecting other possible assessments in the social-emotional domain.</b>	A. Determine criteria for selecting other assessment measures and methods: <ol style="list-style-type: none"> <li>i. What criteria will be used to evaluate them?</li> <li>ii. Who will evaluate them?</li> <li>iii. Would multiple evaluations be appropriate?</li> <li>iv. How does this process work over time as other assessment measures and methods are identified as possibilities?</li> <li>v. How will the evaluation and selection of other assessment measures and methods be documented?</li> <li>vi. Who will review and analyze the data?</li> </ol>	Literature review and expert opinions considered  Participation by work team  Assessment tools/data from other states	SSIP Core Work Team  SSIP Coordinator  BWEIP and EI Program Staff  Consulting Psychologist	Ongoing
	<b>B. Review current literature on social-emotional assessment tools.</b>	Literature review and expert opinions considered	SSIP Assessment work group	Nov 2018 <b>COMPLETED</b>
<b>7. Develop statewide policy and guidance around the use of appropriate assessment tools.</b>	A. Engage stakeholders in policy decisions and the development of guidance documents.	Assessment selection rationale, literature review of other EI assessment policy	SSIP Core Work Team  SSIP Coordinator  EI Program Staff	<del>Summer 2016 – Winter 2017</del> 2018 - 2019 <b>COMPLETED</b>
	<b>B. Develop eligibility policy that includes the mandate of the use of BDI-2 NU for standard score.</b> <ol style="list-style-type: none"> <li>i. Provide BDI-2 NU supplies and training to EI Providers.</li> <li>ii. Update BTOTS database to include new assessment methods.</li> </ol>	Houghton Mifflin Harcourt Trainer Katee Duffy  BDI-2 NU Users Group	BTOTS development team	

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>8. Develop TA to support local programs in implementing the new social-emotional assessment guidance and policy.</b>	<ul style="list-style-type: none"> <li>A. Pilot with select EI programs.</li> <li>B. Develop training materials, processes and procedures, and include resources specific to the child's age and culture.</li> <li>C. Provide training at all 15 early intervention programs.</li> <li>D. Evaluate and revise program training based on feedback.</li> <li>E. Integrate the training into the CSPD system.</li> <li>F. Monitor the numbers of children identified with social-emotional deficits and IFSP outcomes.</li> </ul>	Time to develop a training schedule, materials, and an evaluation resulting in revisions based on feedback.	<ul style="list-style-type: none"> <li>Consulting Psychologist</li> <li>SSIP Core Work Team</li> <li>SSIP Coordinator</li> <li>EI Staff</li> </ul>	Pilot with selected EI programs, monitor number of children with identified SE deficits, IFSP outcomes, child SE outcomes in <del>2018</del> . <b>In progress</b>
<b>9. Determine the process for implementing new BTOTS assessment methods.</b>	<ul style="list-style-type: none"> <li>A. Define limits or triggers in reference to referral criteria.</li> <li>B. <b>Review assessments listed in BTOTS with social-emotional domains for relevance.</b></li> </ul>	BTOTS database  <b>Assessment tool publisher and manuals</b>	<ul style="list-style-type: none"> <li>SSIP Coordinator</li> <li>BTOTS development team</li> <li><b>SSIP Assessment work group</b></li> </ul>	<del>Winter 2017</del> 2018 <b>In progress</b>
<b>10. Develop a monitoring tool to be used during home visits to drive the selection of an appropriate social-emotional needs assessment for infants and toddlers monitoring and self-assessment activities.</b>	<ul style="list-style-type: none"> <li>A. Develop the monitoring tool and corresponding process and procedure.</li> <li><del>B. Pilot the implementation of the tool with select EI programs.</del></li> <li>C. Evaluate and revise the tool and corresponding process and procedure based on pilot feedback.</li> <li>D. Integrate the new monitoring tool into T/TA.</li> <li>E. Integrate the tool into the BWEIP Compliance &amp; Monitoring system.</li> </ul>	Compliance & Monitoring tools	<ul style="list-style-type: none"> <li>SSIP Core Work Team</li> <li>SSIP Coordinator</li> <li>Compliance &amp; Monitoring Specialist</li> <li><b>SSIP Compliance and Quality Assurance work group</b></li> </ul>	<del>Spring 2017</del> 2018 <b>In progress</b>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>11. Develop policies and BWEIP eligibility procedures to identify social-emotional needs in infants and toddlers referred to early intervention with social-emotional concerns.</b>	<ul style="list-style-type: none"> <li>A. Develop a referral protocol between community partners and BWEIP.</li> <li>B. Define and operationalize assessment practices and intervention strategies for infants and toddlers presented with SE concerns and/or delays.</li> <li>C. Integrate SE assessment and intervention into the CPSD process, and training and technical assistance into professional development opportunities for EI providers.</li> <li>D. Integrate into BWEIP General Supervision System – routine, annual program monitoring process.</li> </ul>	<p>BTOTS reports to identify children referred with delays in SE development.</p> <p>BTOTS Reports to identify children referred and eligible by standard score, ICO, or medical diagnosis.</p> <p>BTOTS Reports to assess progress as defined by the achievement of IFSP outcomes and Child Outcome Scores.</p> <p>Parent/provider survey results to identify ongoing T/TA needs and evaluate the effectiveness of interventions.</p>	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>BTOTS development team</p>	<p>2018 <b>In progress</b></p>

**Activity 1: Determine what assessment tools and methods are being used by EI providers to assess the social-emotional developmental domain.**

This activity was successfully completed in 2016. However, the SSIP Assessment work group decided it would be valuable to have more current information about the assessment tools EI programs are using for children who are referred to early intervention with and without social-emotional concerns. During 2018, Baby Watch and the SSIP Assessment work group collaborated to design and distribute an online survey to local EI program administrators. Findings from this survey are outlined below.

Question	Responses	Analysis
<b>1. What multi-domain evaluation/assessment tools are you currently using that contain a social-emotional domain?</b>	AEPS, Bayley, BDI-2 NU, Brigance II, Brigance III, Carolina, DAY-C, DP3, E-LAP, HELP, IDA, Insite, KIDS, M-CHAT, Oregon, TABS	There are a variety of tools that incorporate social-emotional components. With Utah Part C's implementation of the BDI-2 NU in November 2018, it is hypothesized that the number of multi-domain tools used by EI programs is likely to decrease.
<b>2. What social-emotional specific tools are you currently using during the initial and annual eligibility determination processes?</b>	ASQ-SE, BITSEA, Brigance III, CBCL, CSBS DP, FEAS, Feeding Flock Assessment, Greenspan, SE, ITSP, M-CHAT, MEISR, RBI, RITA-T, TABS	There are a variety of tools currently being used by EI programs that have a social-emotional component. However, current literature does not identify many of these tools specifically for evaluating social-emotional development (i.e., Feeding Flock, ITSP, M-CHAT). This further supports the idea that EI programs need additional education about social-emotional assessment tools, their use, and how to document them in BTOTS.
<b>3. What additional social-emotional tools do you currently use to help drive outcomes?</b>	Question 2 responses, as well as: CPR/RBA/Family-Directed Assessment Sensory Profile 2 LCSW ASQ 3 Project ImPACT social-communication checklist	Local EI programs shared that they are able to identify family's social-emotional concerns and priorities through family-directed assessment processes. However, there continues to be confusion about which domain houses sensory concerns.
<b>4. What current guidance, policy, or procedures do you provide staff when using these tools?</b>	Most EI programs responded they provide professional development opportunities about the use of certain tools to ensure fidelity/validity. Some local EI providers recommend tools based on: <ul style="list-style-type: none"> <li>• Parent concern only</li> <li>• Program policy requirements</li> </ul> Some EI programs do not have any mandates, policy, or procedures in place.	The variation of how assessment tools are being used across local EI programs needs further analysis to determine what practices are actually effective. Throughout 2018, it was recommended to all EI programs that they create policy about program process and procedures. Additional information can be found in the <a href="#">Compliance and Quality Assurance</a> strand.

Question	Responses	Analysis
<p><b>5. Do you have plans to make future changes to your social-emotional assessment policy and procedure? If so, briefly explain the changes you are planning to make.</b></p>	<p>Many programs are currently writing policy and procedures for using social-emotional assessment methods. Other EI program responses include:</p> <ul style="list-style-type: none"> <li>• More T/TA support from the lead agency on use of assessment tools;</li> <li>• Requests to review how BDI-2 NU implementation will affect social-emotional assessment; and</li> <li>• Adoption of other social-emotional assessment tools.</li> </ul>	<p>Local EI programs are making efforts to improve their internal policy and procedures to ensure children are more thoroughly assessed in the area of social-emotional development.</p>

Activity 2: Determine what the query data of assessment methods tell us about assessments used previously for initial social-emotional concerns.

During 2016 and 2017, evaluation of assessment methods was hindered due to challenges within the infrastructure of the lead agency. Barriers to moving forward with systematic evaluation included:

- Limited sample size (5% of children referred with social-emotional concerns) for making inferences about the effectiveness of assessment instruments used in detecting social-emotional delays.
- Statewide early intervention database (BTOTS) allowed for non-social-emotional assessments to be recorded in the category of social-emotional assessments.
- Statewide early intervention database was not able to capture all notable social-emotional assessment tools being used.

Ongoing efforts will be made during 2019 in order to gather additional information for this activity. Efforts will involve making enhancements to the BTOTS database to include various social-emotional assessment tools.

Activity 3: Determine what we know about the characteristics of currently used assessments for measuring social-emotional development.

This activity was successfully completed in 2016.

Activity 4: Determine if the 2014 CSPD Needs Assessment contains any information that would inform the discussion of the adequacy of currently used assessment methods for the social-emotional developmental domain.

The 2014 CSPD Needs Assessment activity has been successfully completed.

In January 2019, the "[Recommended Social-Emotional Screening & Assessment Tools](#)" document was created. Piloting these social-emotional tools, as well as incorporating them into practice will take place throughout 2019.

Also, in January 2019 the SSIP Assessment work group had the opportunity to engage a wider audience by leading an activity during an ICC meeting. The purpose of the activity was to gather information to support infant mental health and social-emotional development, including assessment, for EI programs, EI providers, and

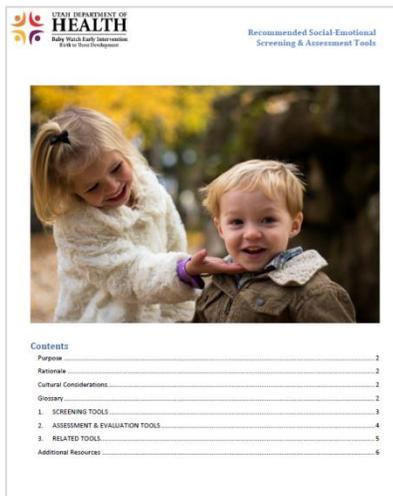
families. Early intervention professionals, parents, community members, and lead agency staff reviewed case studies and identified the following needs that will be used in collaboration with the SSIP Professional Development work group to enhance CSPD, T/TA support, and other professional development opportunities.

Provider	Professional	Family
Train staff on importance of relationship-based interventions to build trust between EI professionals and parents.	Need for cultural sensitivity training.	Need information on typical development and social-emotional milestones.
Work collaboratively with Baby Watch on how to determine eligibility for EI based on children with social-emotional delays/concerns.	Provide families with opportunities to understand why their child has SE delays/concerns. Help families guide intervention practices that support SE development.	Be informed and educated about the importance of assessing the whole child, and the interrelatedness of child developmental domains.
CAPTA referral process needs to be solidified and clarified, including educating the Division of Child and Family Services about EI.	Understand why families may be declining to have their child assessed in all areas.	Need time to allow trusting relationships between parent and EI professional to flourish.
Trauma-informed practices and services.	Training and practice on handling difficult conversations.	Need flyers and handouts on social-emotional development.
Effective teaming structures to allow families to build trust with EI programs, including a flexible schedule.	Training on adult learning practices.	

Activity 5: Determine if there are other valid, reliable, and culturally-sensitive assessment methods for social-emotional testing that could replace or be added to the current list of assessments used.

This activity was successfully completed between 2016 and 2018.

Activity 6: Determine what process will be used for evaluating and selecting other possible assessments in the social-emotional domain.



In Spring 2018, the SSIP Assessment work group reconvened in order to conduct further research to identify the social-emotional screeners, assessments, and evaluation tools appropriate for children birth to three years. The work group reviewed literature and interviewed providers. The document “Limited and Recommended List of Social-Emotional Assessments” was revised and renamed “Recommended Social-Emotional Screening & Assessment Tools.” The SSIP Assessment work group analyzed the document list for tool relevancy, format, and guidance of the tool. The [“Recommended Social-Emotional Screening & Assessment Tools”](#) document includes:

- Purpose, Rationale, Cultural Considerations, and Glossary
- Screening Tools Summary
- Assessment Tools Summary
- Related Tools Summary

**Activity 7: Develop statewide policy and guidance around the use of appropriate assessment tools.**

In November 2018, Baby Watch implemented use of the BDI-2 NU as the statewide tool used to determine a standardized score for Utah's Part C eligibility criteria. Baby Watch purchased BDI-2 NU kits for each local EI program, as well as training through Houghton Mifflin Harcourt to teach over 250 local EI providers to administer the tool with validity, reliability, and fidelity. In addition, a BDI-2 NU Users Group made up of stakeholders and local EI programs met monthly to design the BDI-2 NU data entry and scoring features of BTOTS. With stakeholder involvement, enhancements made to the BTOTS database were well received by EI programs statewide.

Discussions about policy development and administration of social-emotional assessments were addressed throughout 2018 Assessment work group meetings. The Assessment work group advised Baby Watch not to require any one specific tool to assess social-emotional development. Concerns were raised by various stakeholders about mandating assessments following the recently implemented requirement for EI providers to use the BDI-2 NU, beginning November 2018. Rather, Baby Watch revised their Timely, Comprehensive, Multidisciplinary Evaluation and Assessment policy to include a recommendation for administering assessment specific to social-emotional development. Policy changes related to social-emotional assessment received no comment during public comment and hearing opportunities. Revised BWEIP Eligibility Policy will be submitted to the Office of Special Education Programs in 2019 for final approval. Baby Watch will continue to review data and engage stakeholders in policy discussions.

**Activity 8: Develop training and technical assistance to support local programs in implementing the new social-emotional assessment guidance and policy.**

Since the creation of the SSIP, there have been many professional development opportunities provided, at various levels, for Utah's early intervention providers. Opportunities have included: addition of social-emotional training into CSPD online modules, in-person trainings through Baby Watch T/TA, presentations during grantee and ICC meetings, webinars, and ongoing communication to inform EI providers of national conferences. In response to needs identified on local EI program's Monitoring and Quality Assurance Reports, many local EI programs have also chosen to address social-emotional development, policy, assessment, and IFSP outcomes. This will include targeted T/TA provided by the lead agency, as part of their individual quality assurance plans to include.

**Activity 9: Determine the process for implementing new assessment methods in BTOTS.**

Although this activity was previously completed, similar activities continued to evolve throughout 2018, including BTOTS database enhancements to be in alignment with implementation of the BDI-2 NU. The SSIP Assessment work group will continue to review assessment tools listed in BTOTS and as appropriate, update the list to streamline processes.

As was mentioned earlier, a BDI-2 NU Users Group was created to include local EI program administrators, EI providers, lead agency staff, and database developers to implement stakeholder feedback into the redesign of the BTOTS database. Monthly meetings provided the opportunity for stakeholders to review changes, make suggestions, and test the database prior to deployment to production. This collaboration between stakeholders and the lead agency was successful. New BTOTS features include:

- A page devoted to BDI-2 NU data
  - BDI-2 NU norm tables were purchased from Houghton Mifflin Harcourt and incorporated into the BTOTS database to automatically calculate percentile rank, age equivalence, and developmental quotient (Standard Score), and therefore eliminate errors associated with manual scoring.

- Entry and Exit scores are also calculated, based on the BDI-2 NU, within BTOTS for child outcome progress reporting
- A page devoted to Health, Hearing, and Vision assessment
- Streamlined processes to document other assessment tools being used to support eligibility and ongoing assessment

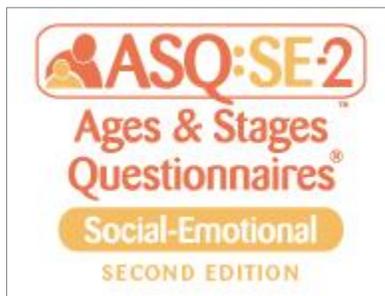
**Activity 10: Develop a monitoring tool to be used during monitoring and self-assessment activities.**

In 2018, a report in BTOTS was created to capture IFSP outcomes by developmental domain and to identify the types of family assessments. This information was monitored as a part of the Monitoring and Quality Assurance Reports that all EI providers received in 2018. See [Compliance and Quality Assurance](#) strand for more information. Compliance and monitoring tools were created. The majority of local EI programs have written improvement plan objectives to increase social-emotional assessment, improve policy, and or IFSP social-emotional outcomes. These improvement plan objectives written in their QAPs are supported by targeted T/TA from the lead agency.

**Activity 11: Develop BWEIP eligibility procedures to identify social-emotional needs in infants and toddlers referred to early intervention with social-emotional concerns.**

	Eligibility	BDI-2 NU
1. Approved Diagnosis	<b>Automatic eligibility:</b> documented diagnosis of a condition on Baby Watch Approved Diagnosis List	Required for child outcomes reporting, but NOT for eligibility
2. Standard Score	<b>Initial eligibility:</b> BDI-2 NU Standard Score at least 1.5 SD below mean (7 <sup>th</sup> percentile) in any domain	Required for eligibility AND child outcomes reporting
3. Informed Clinical Opinion	<b>Ongoing eligibility:</b> BDI-2 NU Standard Score at least 1.0 SD below mean (15 <sup>th</sup> percentile) in any domain	Standard Score cannot override an Approved Diagnosis.
	Child not eligible by Approved Diagnosis or Standard Score, BUT additional assessments suggest child is delayed. ICO cannot override an Approved Dx or Standard Score.	

Early identification and intervention for infants and toddlers presenting with social-emotional delays or concerns is critical for improving developmental outcomes. Throughout 2018, BWEIP continued to work closely with early intervention programs and community partners to provide resources and ongoing education about social-emotional development to identify possible delays and provide interventions for infants and toddlers. Also in 2018, BWEIP clarified their Eligibility policy to include using the BDI-2 NU to determine a Standard Score. Informed Clinical Opinion (ICO) was also further defined to help educate providers about using ASQ-SE, and other assessment results, as evidence to support writing an ICO for a child’s eligibility for EI services.



Baby Watch continues to collaborate with [Help Me Grow](#) to ensure children with social-emotional concerns are being identified and addressed. Help Me Grow uses the ASQ:SE-2 and has identified criteria for when referrals to local Baby Watch Early Intervention Programs are appropriate. As reported in the survey summarized in Activity 2, as well as is identified in the BTOTS database, the ASQ-SE continues to be a popular tool used among EI providers for assessment. Please refer to the [Collaboration](#) strand for additional information.

## Progress towards Achieving Intended Improvements

Beginning in 2014, the SSIP Assessment work group has provided guidance on how to improve the data collection methods, measurements, and analysis for using social-emotional assessment in early intervention. The stakeholder’s meaningful involvement, in an effort to move the work forward, resulted in revisiting improvement strategies, performance indicators, measurement or data collection methods, and timelines. Additional details have been added to the Analysis column in the table below to better define, identify, and record achievement toward intended outcomes.

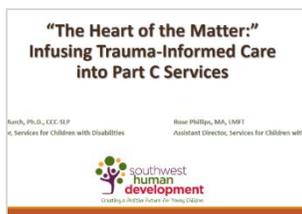
Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: <b>BWEIP develops guidance on the use of valid, reliable, culturally sensitive tools and methods for assessing SE skills and needs of children birth to three.</b>	Did BWEIP develop guidance on the use of valid, reliable, culturally sensitive tools and methods for assessing social-emotional skills and needs of children birth to three?	100% of local, Part C programs report receiving guidance documentation for assessing social-emotional development.  80% of providers report understanding the expectations and process for assessing social-emotional development.	Dissemination processes indicate that 100% of local programs received the guidance [by verifying program representation at social-emotional training Sept. 2017].  80% of training survey respondents report an increased understanding of social-emotional development.	2017 – <del>Ongoing</del> <b>Winter 2020</b>	Evaluate training survey response rates, responses, and data trends.  Evaluate the frequency of social-emotional IFSP outcomes pre/post development, training, and distribution of guidance tools. <b>This will be done through BWEIP Compliance &amp; Monitoring Systems, T/TA and self-assessment.</b>
Short Term: <b>EI providers have access to and utilize appropriate assessment tools (and methods) to evaluate SE development of children of all cultures.</b>	Do EI providers use appropriate high-quality assessment tools/methods to evaluate SE development for children of all cultures?	80% of IFSPs are developed with the use of an appropriate social-emotional assessment tool and/or method.	Enhanced BTOTS reports will: <ul style="list-style-type: none"> <li>• Measure use of pre-approved SE assessment tools in IFSPs.</li> <li>• Identify IFSP outcomes by domain in order to measure the prevalence of SE outcomes .</li> </ul>	2017- Ongoing	Evaluate the frequency and type of social-emotional assessment tools used and social-emotional IFSP outcomes written pre/post development, training, and distribution of guidance tools.
Intermediate Term: <b>EI providers and families develop functional social-emotional</b>	Do EI providers and families develop functional social-emotional	80% of IFSPs include functional social-emotional outcomes as defined by the <a href="#">IFSP Quality Assessment</a>	80% of IFSPs will meet the practice indicator for developing social-emotional outcomes as measured on the IFSP Quality Assessment Rubric.	2018 - Ongoing	Statewide baseline data indicates 65% of all IFSP outcomes written in 2018 address social-emotional development.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
<b>emotional IFSP outcomes.</b>	outcomes on IFSPs?	<a href="#">(Appendix A)</a> criteria Monitoring & Quality Assurance reports, BTOTS reports, and Self-Assessment processes.			
<b>Long Term: (SiMR)</b>	<b>By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).</b>				

## Evaluation of Improvement Strategy Implementation

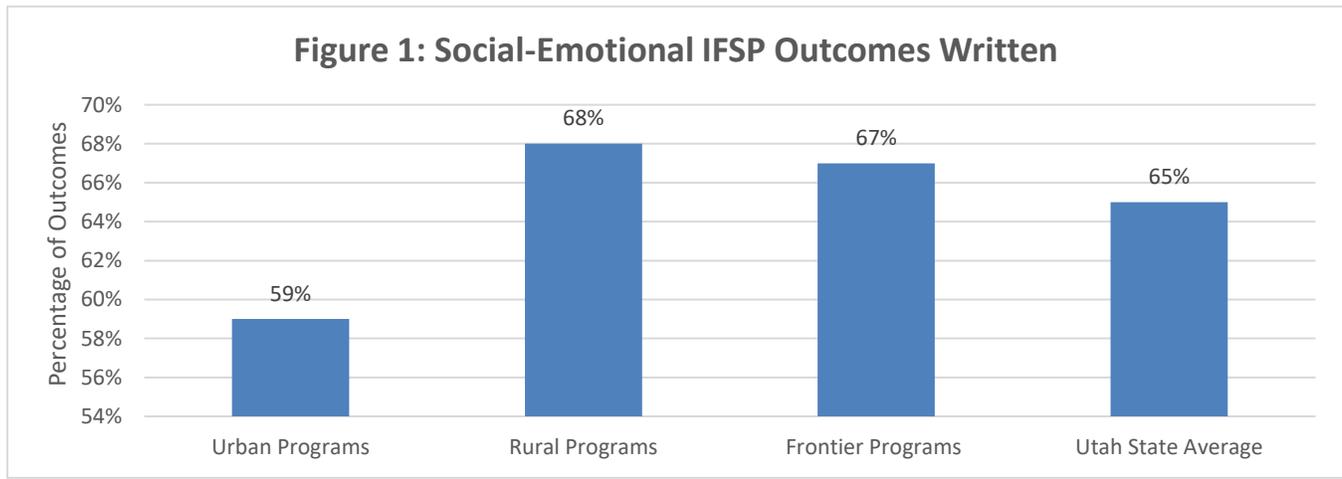
The lead agency continues to support the SSIP Assessment work group in developing the “Recommended Social-Emotional Screening & Assessment Tools” guidance to increase the prevalence of social-emotional IFSP outcomes.

In summary, the work group was tasked with the responsibility of identifying ongoing professional development opportunities to further the initiative. Below is a chronological summary of various professional development opportunities that took place.



- May 2018 to March 2019**  
Received Quality Assurance Plans from all EI programs, and in response to their Monitoring and Quality Assurance Report. Baby Watch began to support local programs with targeted T/TA in various areas of identified need, including social-emotional understanding, assessment, and policy.
- June 2018**  
Lead agency participation in the National Center for Systemic Improvement Cross-State Learning Collaborative for Social-Emotional Outcomes (NCSI CSLC SEO). Applicable presentations included: *Professional Development Evaluation Strategies to Maximize Impact*; *Scaling Up Social and Emotional Evidence-Based Practices*; and *Social and Emotional Assessment Tools*.
- June – August 2018**  
BDI-2 NU training by Houghton Mifflin Trainers to teach local EI programs to use the assessment tool with fidelity. In all, over 200 providers participated in the trainings.
- September 2018**  
Lead agency participated in the NCSI CSLC SEO Fall Convening meeting. Applicable presentations include: *The Heart of the Matter: Infusing Trauma-Informed Care into Part C Services*; *Building Infrastructure in Your State Related to Trauma Informed Practice*; and *Writing Social and Emotional IFSP Outcomes*.
- January 2019**  
ICC meeting presentation by Ilse DeKoeyer-Laros, Ph.D. and Bacall Hincks, LCSW about infant mental health.
- January 2019**  
ICC meeting discussion and activity lead by the SSIP Assessment work group to identify needs at the EI program, EI provider, and family level to support infant mental health, as well as social-emotional development and assessment.

To measure the impact of ongoing parent and provider education in social-emotional development, the Baby Watch data team designed a BTOTS report that would examine IFSP outcomes by domain. In 2018, a report was generated to evaluate the percentage of IFSP outcomes written by each EI program that have a social-emotional component. Aggregate data grouped by urban, rural, and frontier classifications were compared to the state average, as illustrated in **Figure 1** below. In examining the data, it was identified that one urban program fell far below the state average with an identified 19% of IFSP outcomes having a social-emotional component. Individualized T/TA will be provided for this program in the coming year.



### Plans for Next Year

For 2019, the SSIP Assessment work group has prioritized and clarified several exciting activities:

- Ongoing feedback and collaboration with the Baby & Toddler Online Tracking System (BTOTS) Users Group will ensure that database enhancements are useful and contribute to meaningful analysis of data generated.
- Data queries will be developed to examine methods and frequency of assessing social-emotional development, family needs, and social-emotional IFSP outcomes.
- Data analysis will be conducted on pre- and post-deployment of the “Recommended Social-Emotional Screening & Assessment Tools” guidance document and surrounding training.
- The state SSIP team will continue to work with the ICC to incorporate broad stakeholder involvement.

## B2. Professional Development Strand

### Data on Implementation and Outcomes

The Baby Watch team made substantial progress in implementation and evaluation of the Professional Development Strand in 2018. The SSIP Professional Development work group was reconvened in order to analyze the current state of Baby Watch’s Comprehensive System of Professional Development (CSPD) and to identify areas where improvements can be made. This strand contains an overview of Baby Watch’s progress in evaluating, measuring, and achieving intended improvements. The original goals of the Professional Development Strand are stated below.

Outcome Type	Description
<b>Short-term</b>	BWEIP will have Utah standards that align with DEC/CEC national standards.
<b>Short-term</b>	BWEIP will enhance the existing CSPD system: establish <b>an orientation</b> for all new providers linked to the new standards which include areas addressed in this SSIP plan around: cultural competency, social-emotional assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engagement, and relationship-building.
<b>Short-term</b>	BWEIP will enhance the existing CSPD system: establish <b>a coaching component</b> to the credentialing system to support providers in implementing evidence-based practices to meet the standards.
<b>Short-term</b>	BWEIP will enhance the existing CSPD system: establish <b>an individualized credentialing plan</b> for hands-on learning including resources component to the credentialing system to support providers in implementing evidence-based practices to meet the standards.
<b>Intermediate</b>	Early intervention providers access credential renewal training and learning experiences based on the new standards by participating in a <b>self-assessment</b> .
<b>Intermediate</b>	EI providers implement evidence-based practices to support families with their child’s development.
<b>Intermediate</b>	Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child’s development.
<b>Long-term</b>	State-identified Measurable Result (SiMR)

Although progress was somewhat limited throughout 2017 due to the Baby Watch leadership team not being fully staffed, the work group was able to reconvene and successfully work toward completion of previously identified SSIP activities. The SSIP Professional Development work group optimized resources and was able to achieve existing objectives previously identified in Utah’s improvement plan.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in BWEIP’s [Theory of Action \(ToA\)](#).

## Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>1. Create Utah standards.</b>	<p>A. Review the national DEC/CEC standards and the <a href="#">Seven Key Principles of EI</a> and Utah’s old standards. CSPD committee identified areas missing/needing improvement.</p> <p>B. Adopt portions of DEC standards.</p> <p>C. Committee and Provider Consortium vetted and adopted the new standards.</p> <p>D. Embed new standards into provider contracts.</p> <p>E. Revise CSPD policy includes new standards.</p>	<p>DEC/CEC standards</p> <p>Current Utah competencies/ standards</p>	CSPD Committee	<p>Mar-June 2017</p> <p><b>COMPLETED</b></p>
<b>2. Create individual self-assessment as component of the new credentialing system.</b>	<p>A. CSPD committee to review the new standards.</p> <p>B. Create provider self-assessment tool based on the new standards.</p>	<p>DEC/CEC standards</p> <p>Current Utah competencies/ standards</p> <p>ECPC self-assessment tools</p>	CSPD Committee	<p>June 2015</p> <p><b>COMPLETED</b></p>
<b>3. Create orientation as component of the new credentialing system.</b>	<p>A. Identify and finance a new platform for supporting the online credential training system.</p> <p>B. Create new web page to log in to the platform to access the orientation information.</p> <p>C. Create online interactive training materials to include assessment that allows them to move on; mandatory experiential opportunities.</p>	<p>Canvas Learning Management System (LMS)</p> <p>Current program new-hire training materials</p>	CSPD Committee	<p>July to Oct 2015</p> <p><b>COMPLETED</b></p> <p>2018 In Progress</p>
<b>4. Create a coaching system as a component of the new credentialing system.</b>	<p>A. Create a subcommittee for designing the CSPD coaching component.</p> <p>B. Review existing EI coaching materials used by other states.</p> <p>C. Secure assistance from TA Center (national support).</p> <p>D. Develop the content of the coaching training, forms, and processes.</p> <p>E. Pilot the coaching process and forms, making revisions based on feedback from pilot participants.</p>	<p>Existing EI coaching materials from other states</p> <p>National TA expert assistance</p>	CSPD Committee	<p>May 2015</p> <p>June 2015</p> <p>Aug 2015</p> <p>Sept 2015</p> <p>May 2016</p> <p><b>COMPLETED</b></p> <p>2018 In Progress</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>5. Train coaches and keep them updated.</b>	Initial training rollout has a 3-part audience: A. Newly hired providers who are earning an Early Intervention credential for the first time. B. Veteran direct service providers, designated as Coaches, also earning an Early Intervention credential. C. Veteran direct service providers who earned a credential in former CSPD system.	Baby Watch coaching curriculum: classroom and online training delivery	CSPD Committee  Program-level training teams	Sept 2015 to Dec 2016  2018 In Progress
<b>6. Develop and communicate instructions for how providers can access the system to update their credentials.</b>	A. Develop instructions. B. Announcements and invitation to training at Grantee and ICC meetings.	Baby Watch coaching curriculum:  BTOTS CSPD tracking features	CSPD Committee  Program-level training teams	Aug 2015—ONGOING  2018 In Progress

**Activity 1: Create Utah Standards**

This activity has been successfully completed.

**Activity 2: Create individual self-assessment as a component of the new credentialing system**

The [Provider Self-Assessment](#) was part of the October 2016 online training rollout, and has been in use for over 2 years.

In December 2018, the SSIP Professional Development work group discussed if updates or improvements should be made to the Self-Assessment. Work group members described that the Self-Assessment continues to be a valuable part of the Early Intervention Specialist credential training. Local EI programs currently use the Self-Assessment to facilitate discussions between new employees and coaches, and to identify goals for the Individual Credential Plan.

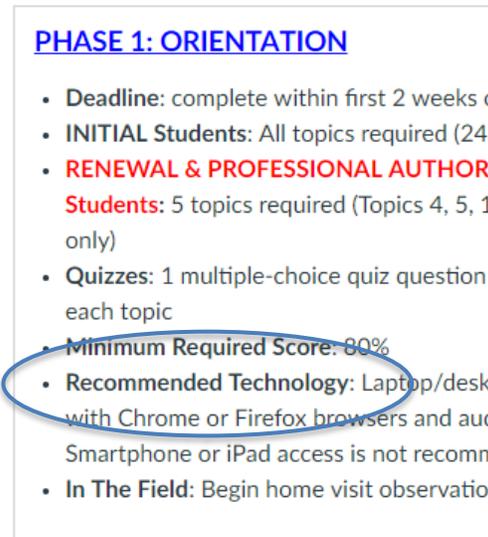
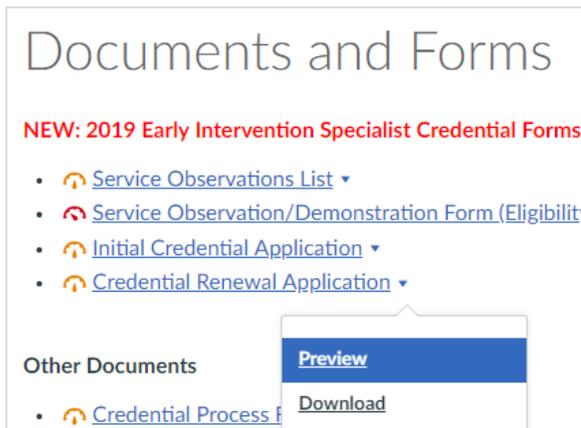
The work group determined that the content of the Self-Assessment did not require any updates. However, they did agree that it would be useful to combine the Self-Assessment and the Individual Credential Plan into a single document in order to streamline credential paperwork.

Self-Assessment				
Complete the following self-assessment with your Coach/Supervisor, discussing any unfamiliar early intervention terms as you go. How much experience do you have in each skill area? There is no right or wrong answer.				
	★	★★	★★★	★★★★
<b>I. TYPICAL &amp; ATYPICAL DEVELOPMENT</b>	★	★★	★★★	★★★★
1. Understands theories, patterns, and varying rates of typical child development across domains	Incompetent	Developing	Comfortable	Accomplished
2. Understands the impact of delays & disabilities on early development and parent-child interactions				
3. Understands the importance of the family's role in the development of infants and young children				
4. Support and facilitate family and child interactions as primary contexts for development and learning				
5. Support caregivers to respond to child's cues and preferences, establish predictable routines, and facilitate communicative initiations				
6. Identify red flags for Autism Spectrum Disorder				
<b>II. NATURAL ENVIRONMENTS &amp; COMMUNITY SUPPORTS</b>	★	★★	★★★	★★★★
1. Embed learning opportunities in everyday routines, relationships, activities, and places	Incompetent	Developing	Comfortable	Accomplished
2. Assist families to in accessing supports and services across agencies within the community				
3. Support caregivers in structuring social environments, using peer models, proximity, and responsive adults to promote interactions among peers, parents, and other caregivers				
4. Implement basic health, nutrition and safety management procedures for infants and young children				
<b>III. FOUNDATIONS OF EI</b>	★	★★	★★★	★★★★
1. Understands the purpose and procedures for eligibility, and identifying strengths and needs for IFSP outcomes	Incompetent	Developing	Comfortable	Accomplished
2. Understands family-centered philosophy and develops a family-centered IFSP				
3. Understands and adheres to the legal/procedural requirements (i.e. due process) and restrictions (i.e. HIPAA and FERPA) as they apply to early intervention programs				
4. Implement the IFSP, gather data, adapt/modify materials, evaluate, and modify intervention strategies when needed				
5. Utilize a strength-based approach with families, and support the ability of the family to build on what is working, to identify and solve their problems, and to be an effective advocate for their child				
6. Implement processes and strategies that support transitions among settings for infants and young children				
7. Implement coaching to train parents utilizing adult learning strategies				
<b>IV. FAMILY ASSESSMENT</b>	★	★★	★★★	★★★★
1. Assist families in identifying their concerns, resources, and priorities	Incompetent	Developing	Comfortable	Accomplished
2. Gather information from multiple sources and natural environments (i.e. observation, interview, assessment instruments, medical history, etc.)				
3. Collaborate with team members to produce reports that focus on strengths and functional performance				
4. Summarize and present results of assessment information to the family in jargon-free language and in the context of child/family strengths				
5. Conduct ongoing formative child, family, and setting assessments to monitor intervention effectiveness				

Activity 3: Create orientation as a component of the new credentialing system

The Baby Watch team maintained the online Early Intervention Specialist (EIS) credential training experience throughout 2018. During the year, the following technical and process improvements were made:

- Combining the Initial and Renewal courses for simplified maintenance.
- Updating credential applications, forms, and process documents.
- Sending email reminders to employees and programs six months before credential expiration.
- Preventing technical difficulties with up-front hardware, browser, and internet access recommendations.
- Providing personalized email and phone technical support.
- Reducing credential application processing time to three business days or less.
- Providing programs and employees with both paper and PDF credential certificates.
- Asking employees and programs how Baby Watch can support them in completing overdue credential requirements,



**Activity 4: Create a coaching system as a component of new credentialing system**

Prior to 2018, the Baby Watch CSPD policy had not been fully updated to reflect the new Baby Watch credentialing system. In the subsequent years, the policy had become problematic because it did not reflect the 2016 conversion from live to online credential training. The policy did not clearly articulate the differences between credential types, making it difficult to know what credential was most appropriate for a given employee. The Baby Watch team felt strongly that the policy needed to be updated in order to be a more useful guidance document for programs, coaches, and employees alike.

In early 2018, the Baby Watch CSPD Coordinator assembled a draft version of the policy that included the following new requirements:

- All direct service providers, including Service Coordinators, must have a completed bachelor’s degree before hire.
- All direct service providers must complete CPR/First Aid training within 12 months of hire.
- Professional Authorization holders must complete the same five online training topics as employees who are renewing credentials.

**1.A.2 Comprehensive System of Personnel Development**

**CREDENTIAL OPTIONS**  
All new hires who will provide direct services or serve as program directors/coordinators are required to earn and maintain a BWEIP credential. Baby Watch has several categories of credentials.

**1. EARLY INTERVENTION SPECIALIST: INITIAL**  
The Early Intervention Specialist credential is the credential that most new direct service providers earn through the Baby Watch CSPD system, and is required for all service coordinators. The Early Intervention Specialist credential is required for all direct service providers, unless they meet the specific criteria for a Professional Authorization or a Provisional credential. Created in 2016, the Early Intervention Specialist credential combines two previous BWEIP credential categories: EI I and EI II. The requirements for employees seeking their initial Early Intervention Specialist credential include:

a. Education/Experience	Before hire, a completed bachelor’s degree in a field related to early intervention. Exceptions to this requirement include licensed RNs, OTAs, and PTAs who graduated with associate’s degrees, and some USDH employees. The minimum requirements for each role are described in <a href="#">Education &amp; Licensing Requirements</a> .
b. Authorized Roles	Any direct service provider role, including service coordinator
c. Role Limitations	None
d. Canvas CSPD	All Canvas CSPD Phase 1 and 2 topics. Employees are considered to have successfully completed the Canvas topics when they achieve a minimum cumulative pass score of 80%. Employees who do not achieve the minimum score must complete a remediation assignment, which is reviewed and approved by the Baby Watch CSPD committee.
e. Self-Assessment of Competence	A reflection activity where employees rate their skill level in each area of the Baby Watch Early Intervention Standards, and together with their Coach, set learning priorities for the first six months of employment. Successful completion is indicated by the Coach’s signature on the Self-Assessment worksheet.
f. Individualized Credential Plan	A planning activity where employees collaborate with their Coach to identify the in-person guidance, additional resources, and hands-on learning opportunities needed to achieve each learning priority identified in the Self-Assessment of Competence. Successful completion is indicated by the Coach’s signature on the Individualized Credential Plan worksheet.
g. Service Observations	Supervised shadowing and observations of EI services across all disciplines, completed throughout credentialing Phases 1 and 2. Successful completion of each observation is indicated by a Coach/Supervisor signature on the Service Observation form.
h. Demonstrations	Employees are observed as they conduct and participate in three service visits.

The draft policy consolidated the 2013 policy and its many attachments into a single document that served as both a policy and high-level procedure document. The 2018 draft policy provided a one-page explanation of the education and training requirements for each credential type, as well as any role limitations.

Included in the draft policy were two appendices that provided an at-a-glance summary of the requirements for each credential and showed the step-by-step program-level and Baby Watch tasks involved in the initial or renewal credential process.

**Appendix A: Credential Requirements at a Glance**

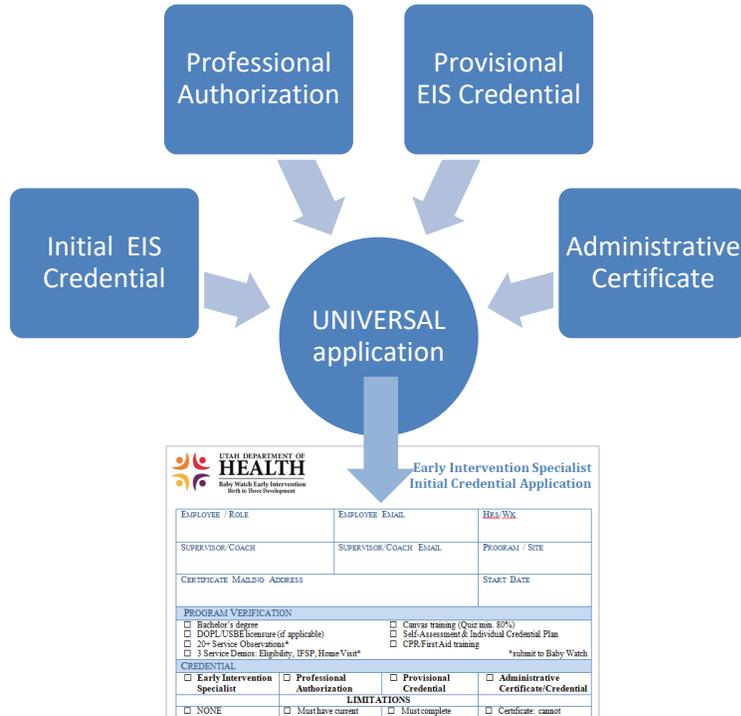
Category	Required BEFORE hire	Auth Roles	Limitations	Canvas	Self-Assess	Individual Cred Plan	Observe	Demo	PD	CPR	Due	Exp	Renewal	Send to BWEIP
EI Specialist: INITIAL	Bachelor’s	DSP SC	None	All P1/P2 topics	Y	Y	Y	Y	N	Y	6 mo after start	5 yrs	See EI Specialist: RENEWAL	Initial application
	Exception: RN/PTA/OTAW/Associate			Quizzes 80% min										3 demo forms
Before renewal:	DSP SC	None	None	Before Exp: Topics 4, 5,	Y	N	N	N	75hrs /5yrs	Y	Cred exp.	5 yrs	NA	Observation form Renewal application

**Appendix B: INITIAL Credential Tasks & Process**

Timeline	Program Tasks	Baby Watch Tasks	CSPD Committee Tasks
Upon hire	<input type="checkbox"/> IRL: Determine appropriate credential for employee <input type="checkbox"/> BTOTS: create new employee profile <input type="checkbox"/> BTOTS: verify employee email address is working	<input type="checkbox"/> BTOTS: Create employee’s CSPD folder <input type="checkbox"/> BTOTS: Assign credential due date, based on start date	<input type="checkbox"/> Review provisional credential applications
First week of employment	<input type="checkbox"/> IRL: Assign new employee a Coach <input type="checkbox"/> Email: Notify Baby Watch of assigned Coach	<input type="checkbox"/> Canvas: Send invite to email address in BTOTS <input type="checkbox"/> Canvas: Link Coach and Student accounts	

**Activity 5: Train coaches and provide ongoing updates**

With a new Baby Watch CSPD Coordinator being hired in February 2018, the Baby Watch team sought out to improve the program-level coach and employee experiences by streamlining and simplifying frequently used CSPD tools and processes.



Prior to 2018, each credential had a different PDF application available in Canvas. Programs often were unsure about the correct application to use.

The SSIP Professional Development work group met in October 2018 to discuss the need for a universal application. The final result was a one-page application that could be used to apply for any initial credential. A similar universal application was then created for renewal credentials. After final approval from the work group, both applications were rolled out in January 2019.

The [2019 Initial Credential](#) and [2019 Renewal Credential](#) applications clarified program-level responsibilities, by listing the specific requirements that coaches or supervisors were responsible for verifying, including:

- Education and professional licensure
- 20 service observations
- 3 service demonstrations
- Canvas online training
- Self-Assessment and Individual Credential Plan
- CPR/First Aid certification

**Activity 6: Develop and communicate instructions for how providers access the system to update their credentials**

Throughout 2018, the Baby Watch team searched for creative ways to improve the Comprehensive System of Professional Development (CSPD) by taking advantage of existing but underutilized features of the [Baby & Toddler Online Tracking System \(BTOTS\)](#). Each employee's BTOTS profile contains a Qualifications tab (as seen below), where information about that person's education, licensing, and other certifications can be stored. However, Baby Watch had never required providers to enter this information and had never enforced the Qualifications data entry as part of the credential process.

In March 2018, Baby Watch communicated the new data entry expectations to programs via email and began verifying the BTOTS Qualifications information on a case-by-case basis each time an initial or renewal credential was issued.

Education Level	Field of Study	Date Earned	Institution
Master's Degree	Speech-Language Pathologist	05/15/2015	

License Type	License Number	Date Earned	Expiration Date
Speech-Language Pathologist	10256937-4102	02/08/2017	05/31/2019

Certificate Type	Certificate Number	Date Earned	Expiration Date
ASHA	14146490	12/31/2017	12/31/2018

This new requirement had several direct and indirect benefits, including:

- Shared accountability for verifying employee education and license information between Baby Watch and programs.
- Providing programs with the opportunity to verify and update employee *Qualifications* information as part of the initial or renewal credential process.
- Enforcing the new CSPD draft policy that requires all direct service providers to complete a bachelor's degree before hire.
- Providing a message consistent with that of the Baby Watch Compliance and Monitoring team, who emphasized the need for accurate employee records from a risk management perspective.

Similar benefits were seen in December 2018, when an updated renewal credential application was rolled out. The new application required employees to list the specific professional development activities they had completed over the past five years, and for coaches to verify this information prior to submitting the application. Baby Watch encouraged employees to track their hours on the application, or within the existing BTOTS Professional Development tab that was seldom used up until this point. Over time, the Baby Watch team will be able to collect a wealth of information about the professional development activities in which EI employees participated.

Training Date	Hours	Description
10/2015	2	Hanen, Telegraphic Speech Should We or Shouldn't We? Toby Stephan MA CCC-SLP
24/2015	2	EI: OPT for children with DS
14/2016	2.5	Social emotional development in infants and toddlers presented by Jill McGinnis from the Children's Center.
24/2015	2	Early Intervention: oral placement therapy for children with Down Syndrome
28/2015	12	A 3-Part Treatment Plan for Oral Placement Therapy
10/2016	1.5	CASANA What to Do When They're Two:

## Progress towards Achieving Intended Improvements

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
Short Term: <b>BWEIP will have Utah standards that align with DEC/CEC national standards.</b>	Did BWEIP develop Utah standards that align with DEC/CEC national standards?  Were the standards communicated to local programs?  Do local EI programs understand the expectations for use of the standards?	Canvas online training teaches new hires about the new Utah standards.  New standards are written into each program's annual contract.	Numbers of new EI providers and coaches trained on the new standards.  User feedback from CSPD pilot sessions.	<b>2016</b>	November 2017 CSPD Survey Results from learners who received their Initial EIS credential
Short Term: <b>BWEIP will enhance the existing CSPD system: establish an orientation for all new providers linked to the new standards which include areas addressed in this SSIP plan around: cultural competency, social-emotional assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engagement, and relationship-building.</b>	Did BWEIP develop and establish an orientation for all new EI providers linked to the new standards which include areas addressed in this SSIP plan around cultural competency, SE assessment and practices, RBI, family engagement and relationship building?  Was the orientation and guidance shared with local programs?  Do providers know the expectations for the orientation?	A new online system for orientation based on standards exists and is accessed by EI providers.	New web-based login to access the curriculum.  Self-paced online training requires learners to move through the curriculum in order; hands-on learning & self-assessments determine additional training needs.	<del>2016</del> <b>2018 – Winter 2019</b>	November 2017 CSPD Survey Results from learners who received their Initial EIS credential
Short Term: <b>BWEIP will enhance the existing CSPD system: establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards.</b>	Did BWEIP develop and establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards?	A coaching component exists and is accessed by EI providers.	Coaching piece exists in the platform.  Coaching forms.  Web site statistics on participation.	<del>March 2015 to May 2016</del> and ongoing  <b>2018 – Winter 2019</b>	Canvas Coach participation Coaching resource downloads Attendance at live coach training

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
Intermediate Term: <b>BWEIP will enhance the existing CSPD system: establish an individualized credentialing plan for hands-on learning including a resources component to the credentialing system to support providers in implementing evidence-based practices to meet the standards.</b>	Did BWEIP develop and establish individualized credentialing plan for hands-on learning including a resources component to the credentialing system to support providers in implementing EBPs to meet the standards?	An individualized credentialing plan exists based on standards and is accessed by providers.	Individualized Credentialing Plan form is available on Canvas platform.  Web site statistics on participation.	<del>March 2015 to May 2016</del> and ongoing  <b>2018 – Winter 2019</b>	Analyze Individual Credential Plans submitted by 2018 credential candidates (25 total).
Intermediate Term: <b>Early intervention providers access credential renewal training and learning experiences based on the new standards by participating in a self-assessment.</b>	Did BWEIP develop and establish individualized self-assessment linked to Utah standards based on national DEC/CEC standards?  Were the self-assessments/guidance shared with providers to renew credentials?  Do EI providers understand expectations for use of the self-assessments for providers due to renew credentials?	EI providers renewing credentials participate in areas of training and learning experiences based on the standards as informed by their participation in a self-assessment.	Tracking of providers due to renew credentials self -assessment and professional development.	<del>2016 to present</del>  <b>2018 – Winter 2019</b>	In 2018, <b>169</b> employees completed the Self-Assessment as part of initial/renewal credential process.
Intermediate Term: <b>EI providers implement evidence-based practices to support families with their child’s development.</b>	Are functional, routines-based outcomes being written in IFSPs?	Providers implement EBPs when working with families.	Home visit monitoring tools for self-assessment.	<del>2017</del> <b>2018 – Winter 2019</b>	<b>152</b> on-site and home visit observations.
Intermediate Term: <b>Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child’s development.</b>	Are families empowered and motivated and have opportunities to be successful in their child’s development?	Families will report improved outcomes on the family survey, specific items (to be determined).	Family survey data.	<del>2018</del> <b>2018 – Winter 2019</b>	2018 NCSEAM family survey results.
Long Term: <b>SiMR</b>	<b>By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).</b>				

## Evaluation of Improvement Strategy Implementation

Baby Watch made progress in each of the seven SSIP Professional Development outcomes in 2018, as summarized in the table below.

PD Outcome	Analysis Tools	2018 Progress Update
1. BWEIP will have Utah standards that align with DEC national standards.	NA	This activity was completed in 2016.
2. BWEIP will enhance the existing CSPD system: establish an orientation for new providers linked to the new standards which include SSIP areas: cultural competency, SE assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engmt/relationships.	Nov 2017 CSPD Survey Results from learners who received their Initial EIS credential .	<ul style="list-style-type: none"> <li>• Technical and instructional design improvements reduced monthly tech support requests by <b>90%</b> in 2018.</li> <li>• In preparation for 2019 content update discussions, BWEIP created a detailed global outline of training content.</li> <li>• SSIP Professional Development work group identified Canvas online training updates as a <b>high</b> priority for 2019.</li> </ul>
3. BWEIP will enhance the existing CSPD system: establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards.	Canvas Coach participation, coaching resource downloads, and attendance at live coach training.	<ul style="list-style-type: none"> <li>• BWEIP embedded coaching recommendations and instructions into revised CSPD policy, applications, and forms in 2018.</li> <li>• In order to expedite the BDI-2 NU rollout, BWEIP decided that BDI-2 NU assessor training was a higher priority than live coach training.</li> <li>• SSIP Professional Development work group identified coach training as a <b>low</b> priority for 2019.</li> </ul>
4. BWEIP will enhance the existing CSPD system: establish an Individual Credential Plan for hands-on learning including resources to support providers in implementing EBPs to meet the standards.	Analyze Individual Credential Plans submitted by credential candidates.	<ul style="list-style-type: none"> <li>• BWEIP analyzed <b>25</b> completed <a href="#">Individual Credential Plans</a>, and observed a wide range of quality among plans submitted.</li> <li>• SSIP Professional Development work group provided constructive feedback about the current Individual Credential Plan design, and its usefulness to new hires. Work group suggested combining Individual Credential Plan with Self-Assessment into a single document, in order to simplify paperwork.</li> <li>• Work group will continue to discuss how to improve Individual Credential Plan in 2019.</li> </ul>
5. Early intervention providers due to renew credentials access training and learning experiences to field based on the new standards by participating in a Self-Assessment.	November 2017 CSPD Survey Results from learners who renewed their EIS credential.	<ul style="list-style-type: none"> <li>• In 2018, the Self-Assessment was completed by all <b>169</b> EI employees who earned Baby Watch credentials.</li> <li>• SSIP Professional Development work group provided feedback that the Self-Assessment is a useful tool for guiding conversations between coaches and employees about individual training needs.</li> </ul>

PD Outcome	Analysis Tools	2018 Progress Update
<b>6. EI providers implement evidence-based practices to support families with their child's development.</b>	On-site and home visit observations.	In 2018, the Compliance & Monitoring team observed <b>152</b> unique service visits throughout Utah including: <ul style="list-style-type: none"> <li>• Home visits</li> <li>• Center-based services</li> </ul> The results of these observations were summarized in each program's Monitoring and Quality Assurance report, which included analysis of each program's use of evidence-based practices.
<b>7. Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child's development.</b>	2018 NCSEAM family survey results.	A strong majority of 2018 NCSEAM family survey respondents indicated that EI services help them feel: <ul style="list-style-type: none"> <li>• Part of the team when meeting to discuss their child (96.4%).</li> <li>• More confident in their skills as a parent (95.1%).</li> <li>• That their efforts are helping their child (97.8%).</li> </ul>

## Data Quality Issues and Plans for Improvement

Prior to 2018, Baby Watch had little quantifiable data about the usage and effectiveness of the Early Intervention Specialist (EIS) credential program. During the calendar year 2018, the Baby Watch team was able to identify historical data regarding the number of early intervention employees who earned or renewed credentials through the Comprehensive System of Personnel Development (CSPD). The following table shows the total number of early intervention employees who earned an Early Intervention Specialist (EIS) credential from 2015 to 2018, organized by credential type:

- **Initial Credential:** New hires who earned an EIS credential within first 6 months of employment.
- **Renewal Credential:** Existing employees who renewed an EIS credential after 5 years of employment.
- **Provisional Credential:** University student employees who earned a short-term EIS credential.
- **Professional Authorization:** Part-time licensed employees who earned a Professional Authorization.
- **Remediation Required:** Employees who completed an additional written assignment because they scored less than 80% on the Canvas online training quizzes.

Year	Training Format	Initial Credential	Renewal Credential	Provisional Credential	Professional Authorization	Remediation Required	Annual Total
<b>2015</b>	On-site training throughout UT	42	48	0	5	0	<b>95</b>
<b>2016</b>	Online training Oct 2016	51	46	0	4	0	<b>101</b>
<b>2017</b>	Online quizzes begin Oct 2017	74	47	0	27	0	<b>148</b>
<b>2018</b>	First full year of online training with quizzes	66	74	2	25	2	<b>169</b>

The growth of the Early Intervention Specialist (EIS) credential program, from 95 credentials in 2015 to 169 credentials in 2018, is a 77% increase over the course of four years. The year-to-year growth in the annual total validates the 2016 decision by the original SSIP Professional Development work group to convert the on-site training to an online format. The online training is more accessible to EI employees statewide, and ensures a greater level of consistency in the information that each employee receives. Baby Watch will continue to track the number of completed credentials in 2019 and beyond.

In 2019, Baby Watch will continue to expand the data surrounding professional development. The bachelor's degree education requirement effective July 1, 2018 (see [Activity 4](#)) has impacted staffing at rural programs much more than urban programs. In rural areas, programs struggle to find job candidates with bachelor's degrees, and often depend on part-time licensed therapists who travel from outside the service area because there are no qualified personnel in the local community. Baby Watch speculates that staffing may be a contributing factor in the year-to-year decline in the number of children served in the following groups:

- **American Indian/Alaska Native children served in 2018:** 8.6% lower than 2017
- **Asian children served in 2018:** 9.8% lower than 2017

Many of Utah's American Indian families live in rural areas where attracting qualified EI employees is difficult. The conversation between Baby Watch and rural EI programs about staffing challenges will continue in 2019, and merits further analysis.

## Plans for Next Year

The SSIP Professional Development work group has ambitious goals for 2019, including:

- Extensive content updates to the online Early Intervention Specialist credential training.
- Role-specific networking and collaboration opportunities for nurses, speech-language pathologists, occupational therapists, and physical therapists.
- Collaboration with the SSIP Assessment work group to identify best solution to the need for ongoing BDI-2 NU training.
- Collaboration with the SSIP Assessment work group to develop and deliver training on how to write functional IFSP goals.
- Greater outreach and public awareness efforts in rural areas, to support both child find and employee recruitment.
- Continued tracking of initial and renewal Early Intervention Specialist credentials.

## B3. Family Engagement Strand

### Data on Implementation and Outcomes

The Family Engagement work group was created to identify and develop cultural resources and guidance that would result in an increased level of confidence and competence, as reported by EI providers, in administering culturally-sensitive assessments and intervention practices. Furthermore, the work group was entrusted with the responsibility to identify or create materials and resources that would both inform and improve family engagement and child social-emotional development.

Type of Outcome	Outcome Description
<b>Short-term</b>	BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.
<b>Short-term</b>	EI providers access and use cultural diversity resources.
<b>Intermediate-term</b>	EI providers who use the cultural diversity resources are more competent and confident in working with diverse families.
<b>Intermediate-term</b>	There is increased trust and acceptance between providers and families.
<b>Intermediate-term</b>	There is increased collaboration with community partners who serve culturally and linguistically diverse families.
<b>Long-term</b>	State-identified Measurable Result (SiMR).

The progress of improvement activities and the evaluation of improvement plans were hindered in years past as a result of staffing shortages at BWEIP. During FFY2018, BWEIP increased its organizational capacity by back-filling the vacant Data Manager position and employing a second Compliance & Monitoring Specialist. As a result, improvement efforts resumed and the SSIP Family Engagement work group achieved progress in meeting the following objectives identified in the Improvement Plan:

- Create resources and guidance on cultural diversity available to all providers.
- Disseminate the resources and guidance.
- Provide follow-up Training & Technical Assistance (T/TA) as needed to ensure providers can implement culturally appropriate practices.

In addition, joint efforts with the SSIP Collaboration work group resulted in progress in meeting the improvement strategies of the SSIP Family Engagement work group. Refer to the [Collaboration](#) strand for detailed information on the identification and dissemination of cultural diversity resources. Combined efforts with this SSIP strand afforded time to consider additional activities, aligned with enhanced stakeholder priorities, to address both culturally diverse and underserved populations.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following tables. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in BWEIP’s [Theory of Action \(ToA\)](#).

## Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owners	Timeline
<b>1. Create resources and guidance on cultural diversity available to all providers.</b>	A. Explore existing resources and guidance around cultural diversity that can support providers with assessment and intervention practices.	Diverse cultural connections  Literature and research review	SSIP Core Work Team  SSIP Family Engagement Work Group  Cultural Advisors  SSIP Coordinator	<del>Fall 2016</del> <del>Winter 2017 and ongoing</del>  <b>2018</b> <b>In progress</b>
	B. Look widely at available resources that BWEIP might be able to tap into.			
	C. Identify gaps in resources.			
	D. Develop a final list of resources and supports available.			
<b>2. Disseminate the resources and guidance.</b>	A. Share with EI providers via the following: website, provider consortium meetings, stakeholder meetings, and ICC meetings.	Canvas CSPD training  In-service training opportunities  Dissemination channels	SSIP Core Work Team  SSIP Coordinator  BWEIP Staff	<del>Winter 2017 and ongoing</del>  <b>2018</b> <b>In progress</b>
	B. Incorporate into the CSPD training platform.			
<b>3. Provide follow-up TA as needed to ensure providers can implement culturally appropriate practices.</b>	A. Develop training and technical assistance to inform providers of culturally appropriate practices.	Family Survey items  Interviews with Part C program administration and direct service providers	SSIP Core Work Team  SSIP Coordinator  SSIP Family Engagement Work Group	<del>Winter 2017</del> <del>ongoing</del>  <b>2018</b> <b>In progress</b>
	B. Develop guidance documents, processes and procedures for implementing culturally appropriate practices with fidelity.	Self-assessment data from providers post deployment of culturally appropriate resources, training, and guidance tools	Cultural Advisors	
	C. Incorporate evaluation of culturally appropriate practices into existing General Supervision system assessment tools.	Guidance tools, processes and procedures		

**Activity 1: Create resources and guidance on cultural diversity available to all providers.**

The Interagency Coordinating Council (ICC) for Infants and Toddlers with Special Needs and their Families continued to advise and assist ongoing SSIP efforts in 2018. Several SSIP work groups consist of members from the ICC Executive Committee including the chair of the SSIP Family Engagement work group.

Quarterly ICC meetings were held between January 2018 and February 2019 in which BWEIP reported on ongoing SSIP work group efforts, including data evaluation, and solicited feedback and participation from membership and visitors present. For detailed descriptions of SSIP reporting, including improvements to BWEIP’s General Supervision System introduced and discussed during these meetings, refer to the [Baby Watch Compliance & Monitoring Overview](#) and [Utah Part C SSIP Overview](#) presentations. In January 2019, the [SSIP Assessment work group](#) also held a virtual meeting to review the final draft of the SSIP Phase III Year 3 report prior to submission. The updated ICC policies and procedures, documents, meetings, and membership information are available in the ICC tab of the [Baby Watch website](#).

The ICC Family Advocacy and Support Committee merged with the SSIP Family Engagement work group in 2018. Work group membership currently consists of representatives from the [Utah Parent Center \(UPC\)](#), the [Division of Child & Family Services \(DCFS\)](#), the [Legislative Coalition for People with Disabilities](#), BWEIP staff, local EI program administrators, direct service providers, and EI parent alumni. This blended work group continued to advance the mission of the Family Advocacy and Support committee which is to:

- Promote and foster awareness of early intervention throughout the state
- Educate and clarify early intervention to those parents who are currently receiving services
- Assist parents in finding their own voice to advocate for their child with special needs



The Utah Parent Center (UPC) continues to advance and sustain cultural and linguistic competence in services for children with developmental disabilities. Print materials, currently in draft form, include:

- [Developing Social-Emotional Skills for Babies and Toddlers \(0-3\)](#): emphasizes the importance of social-emotional development
- [Education Practices that Improve Early Learning](#): an introduction to DEC Recommended Practices
- [Focusing on Results During Early Intervention](#): an introduction to Child Outcomes measurements

Efforts are being made to increase parent knowledge of their rights and protections under IDEA, including dispute resolution mechanisms. This decision stemmed from discussions with stakeholders during the analysis of qualitative data gathered during 2018 on-site monitoring activities: [On-Site Provider Interviews](#), [On-Site Administrator Interviews](#), [Compliance & Monitoring Observations](#), and [Compliance & Monitoring Parent Surveys](#). The data revealed that families typically did not pursue dispute resolution when experiencing issues with IFSP service types, frequency, duration, or settings. As a result, SSIP Family Engagement work group members concluded that greater emphasis is needed to ensure families understand parent rights and the dispute resolution processes available to them; in particular, for families of diverse cultural backgrounds.

## Activity 2: Disseminate the resources and guidance.



The Utah Parent Center (UPC) announced the availability of several new online and print resources, including webinars, translated into the following languages: Spanish, French, German, Italian, and Portuguese.

The Utah Interfaith Resources publications were enhanced to include information and practical guidance for successful participation in six distinct communities of faith. Topics include: where to get help; friendship and inclusion; tips for parents; making it through a service; and resources, information and religious worship. Publications are available in over 60 different languages.

## Activity 3: Provide follow-up TA as needed to ensure providers can implement culturally appropriate practices.

Plural families or polygamist communities comprise a distinct cultural group in Utah. In winter 2019, the BWEIP joined the Department of Health’s Childcare Licensing Program to participate in cultural competence training for providers serving individuals who have backgrounds of polygamy. Thirty-one providers representing seven local EI programs attended the training, which was taught by representatives from the non-profit organization [Cherish Families](#). An informal, random sampling of participants indicated providers increased understanding of the unique, family resources available and how to sensitively support and serve families with a polygamist background.

The Utah Office of Indian Affairs, committed to connecting agencies and individuals serving Utah’s American Indian population, provides links to many state resources that promote family and individual well-being:

- [Utah American Indian Digital Archive](#): A gateway to resources regarding Utah’s Indian tribes. This database houses articles, books, government documents, tribal documents, oral histories, photographs, and maps for the Shoshone, Goshute, Paiute, Utah Navajo, White Mesa Ute, and Northern Ute Indian tribes.
- [Urban Indian Center of Salt Lake](#): A resource database for the American Indian and Alaska Native community that includes services to enrich the lives and health of this culture while respecting their unique heritage, traditions, and beliefs.

Navajo Nation, the largest American Indian jurisdiction within the United States, is located in San Juan County, Utah. According to the U.S. Census Bureau, in 2017 an estimated 49.4% of the population was American Indian and Alaska Native. To best serve this population, the [San Juan School District Heritage Language Resource](#)

[Center](#), conveniently located across the street from both Part C and Part B offices, provides both Navajo and Ute language materials and includes many items available for check-out to families, healthcare facilities, students, and educators of San Juan County. The materials include books, CDs and DVDs, clan materials, coyote stories, games, Navajo language programs, and posters.

Early intervention providers serving American Indian families received ongoing support to increase their knowledge about the psychological, economic, social, environmental, and physical hardships of American Indian people. A deepened understanding of this sub-population results in culturally sensitive service provisions. Providers are skilled in their abilities to respectfully preserve Navajo customs and traditions while simultaneously educating and coaching families about child development, promoting parent-child attachment, and the importance of play.

Providers serving Utah's American Indian population were also introduced to the [Center for Parent Information & Resources](#) which includes a resource collection produced by the Native American Parent Technical Assistance Center (NAPTAC) specific to trauma and resilience. The San Juan School District Early Intervention program was introduced to the journal article "[Examining the Theory of Historical Trauma among Native Americans](#)," in which the author provides guidance to enhance understanding about how past trauma impacts American Indian families today. Given the historically higher levels of distrust and historical loss symptoms common among members of the American Indian community, local EI programs employ service providers proficient in Navajo and highly familiar with or a part of the tribal population they serve.

To further support the American Indian population statewide, Baby Watch introduced and provided preliminary guidance regarding the Primary Service Provider (PSP) model for further local-level discussion and exploration because it is:

- A way to enhance the relationship between practitioner and family members.
- An efficient use of family and program resources.
- A way to reduce potential gaps and overlaps in supports and services.

Upon request, and after further exploration and discussion with local program administration, Baby Watch shared additional information, including T/TA to support a smooth and seamless transition to the PSP delivery model if determined the best fit for serving American Indian families.

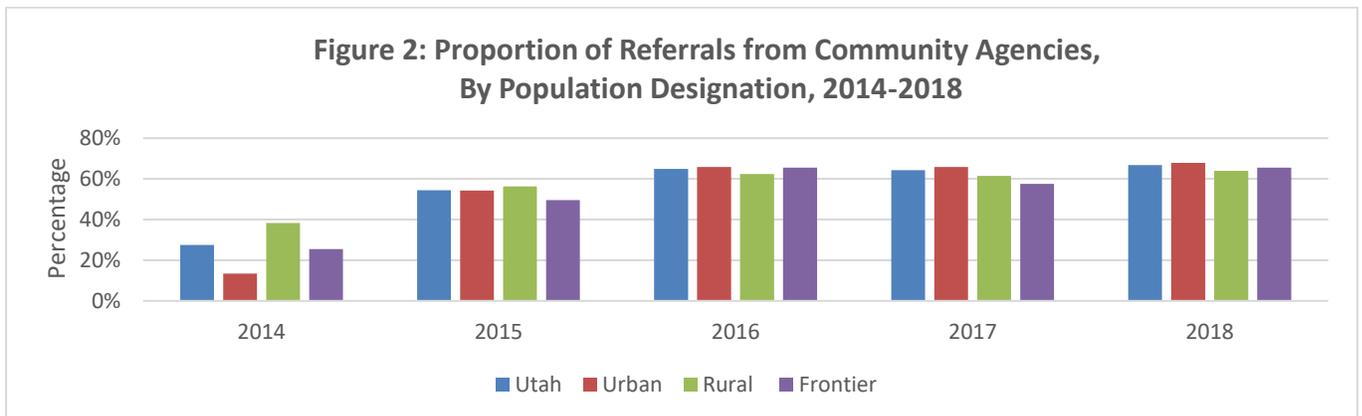
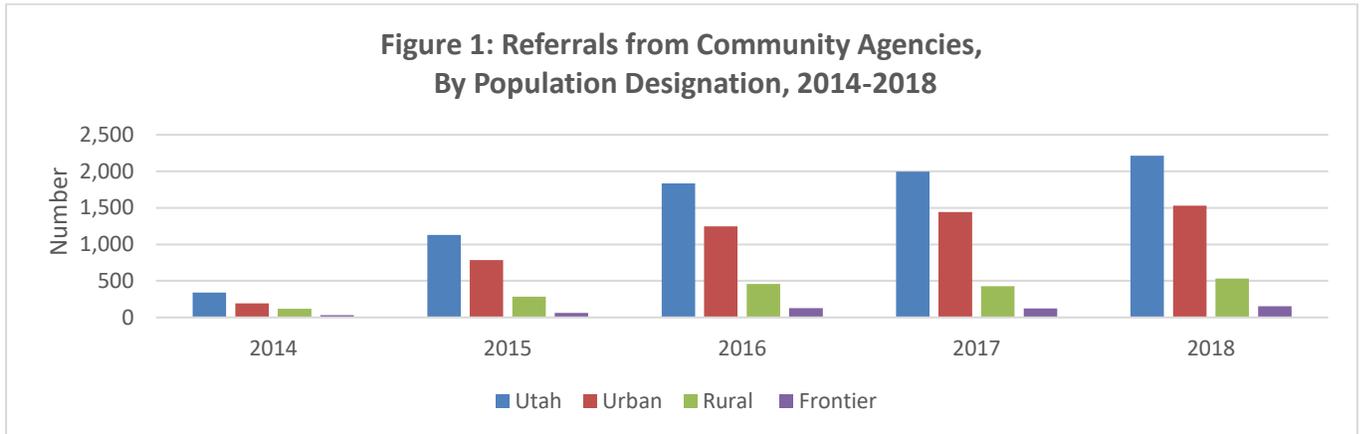
## Progress towards Achieving Intended Improvements

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: <b>BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.</b>	Did BWEIP develop family engagement and cultural resources and guidance available to support providers and families?  Were resources shared with programs? Do EI providers understand expectations for use of the resources and guidance?	Family engagement and cultural resources and guidance exist.	Family engagement cultural resources and guidance dissemination: online, at community events, and through Utah Parent Center.	<del>Winter 2017 to Summer 2017</del> and ongoing  Winter 2019	Assess development and availability of cultural resources.  Assess EI provider's awareness of resources.
Short Term: <b>EI providers access and use cultural diversity resources.</b>	Are EI providers accessing and using the family engagement and cultural diversity resources and guidance?	Provider website access  Canvas CSPD Phase 3 resource downloads	Baby Watch website analytics  Parent and provider survey response rates and responses	<del>Fall 2017</del> ongoing  Winter 2019	Assess EI provider's use of resources.
Intermediate Term: <b>EI providers who use the cultural diversity resources are more competent and confident in working with diverse families.</b>	Is there an increase in the number of providers who are confident working with diverse families?	Provider website access  Canvas CSPD Phase 3 resource downloads  Provider self-assessment	Baby Watch website and Canvas LMS analytics  Parent survey response rates and responses	<del>Fall 2017</del> ongoing  Winter 2019	Assess effectiveness of relationships among culturally diverse populations.
Intermediate Term: <b>There is increased trust and acceptance between providers and families.</b>	Do families report they have increased trust and acceptance with their child's providers?	Families report increased trust and acceptance.	Compliance & Monitoring parent survey responses pre/post	Completed	Analyze C&M parent survey responses
Intermediate Term: <b>There is increased collaboration with community partners who serve culturally and linguistically diverse families.</b>	Is there increased collaboration with community partners who serve culturally and linguistically diverse families?	Referral sources identified in the BTOTS data base.	Utilize BTOTS referral reports and community partner tracking documentation	2019	Analyze referral trends and community partnership effectiveness
Long Term: <b>(SiMR)</b>	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).				

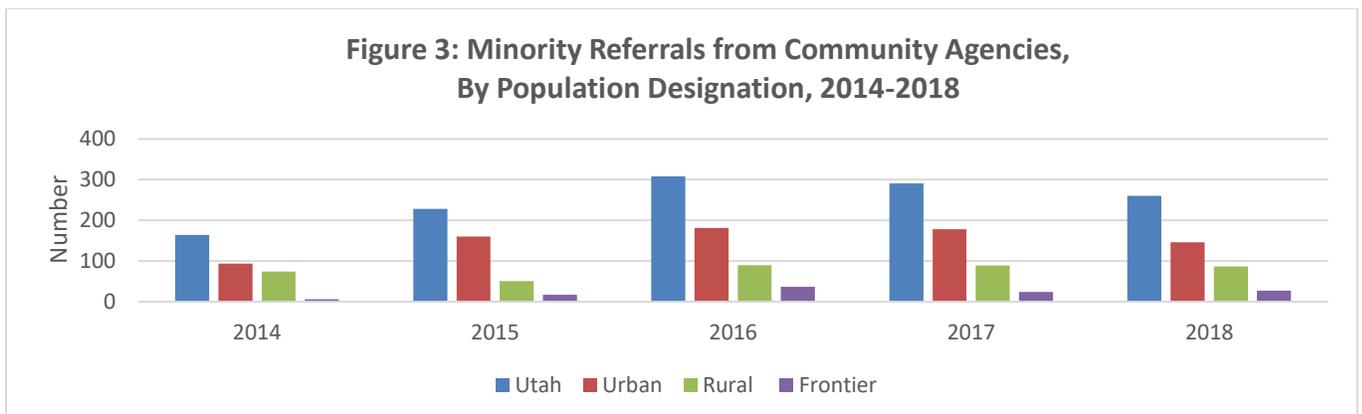
## Evaluation of Improvement Strategy Implementation

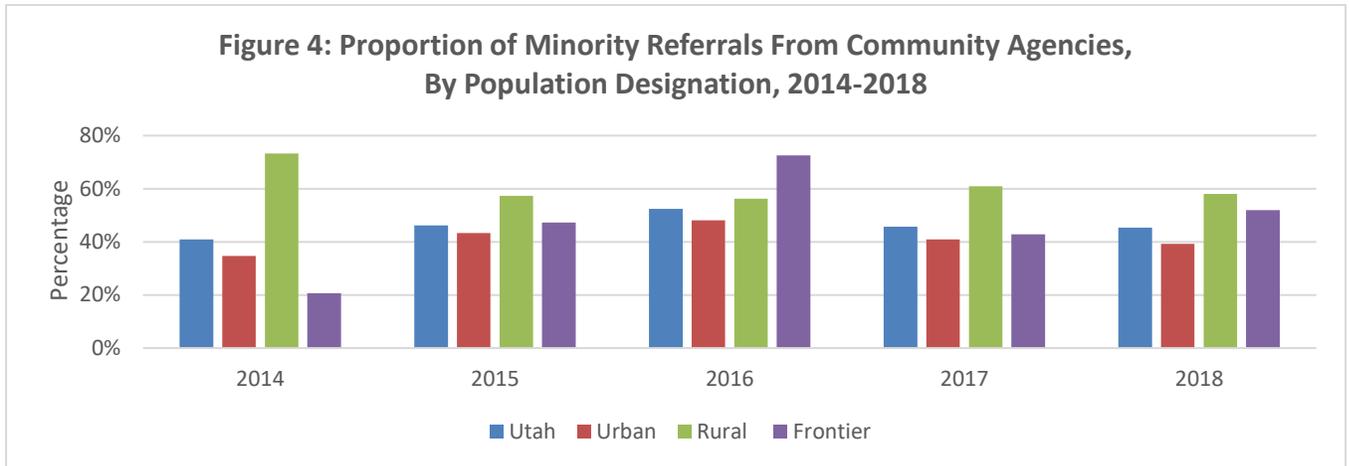
Baby Watch completed data-driven, strategic improvements to the Family Engagement strand in 2018. To inform improvement efforts, data were analyzed to evaluate referral trends from community agencies identified as serving a higher percentage of the birth-to-three target population.

From 2014 through 2018, the number of referrals for EI services from public partners and educational providers increased. Of public partner referrals, the proportion from community agencies doubled over this period (34% in 2014 to 68% in 2018), while educational provider referrals decreased (52% in 2014 to 27% in 2018). As shown in **Figure 1**, community agency referrals had an increasing trend among urban, rural, and frontier areas of the state. A strong majority of the referrals were among Utah residents located in urban areas. The proportion of referrals remained fairly consistent by population designation from 2016 through 2018, as shown in **Figure 2**.



Similarly, the number of community agency referrals among minority Utah residents increased over this period, as shown in **Figure 3**. Proportionally, minority residents receiving services from EI programs located in rural regions of the state were more likely to have been referred by a community agency, as shown in **Figure 4**.

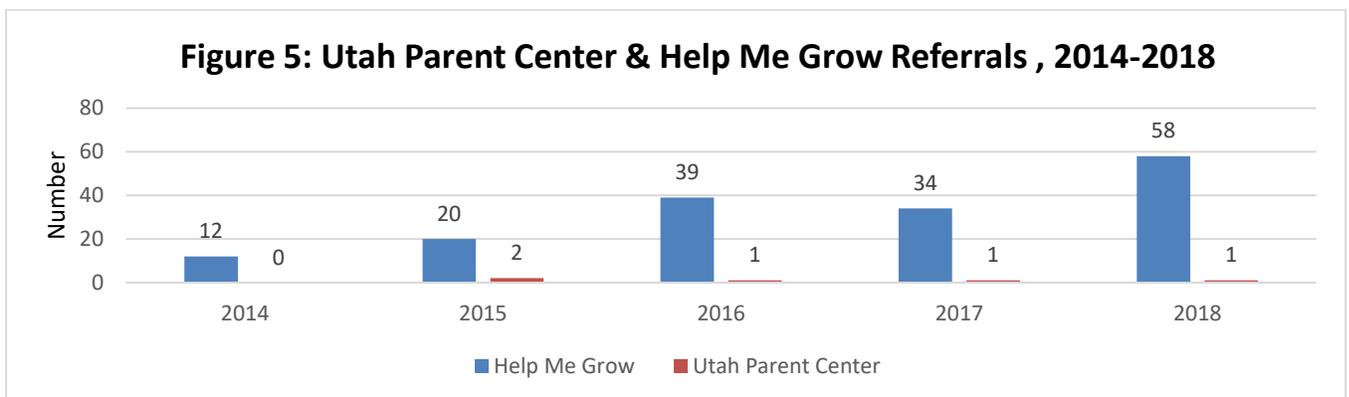




Early Head Start provided a majority of community agency referrals during 2014. However, a strong majority of referrals from 2015-2018 were from the Division of Child and Family Services (DCFS) providers. This increase in CAPTA referrals from DCFS can be attributed to Utah’s efforts to comply with legislation addressing child abuse and neglect.

Most minority children were referred by shelter care agencies during 2014 and 2015; from 2016-2018 a majority were referred by DCFS. This shift reflects a decrease in shelter care among minority children. The Baby Watch team concluded from this data that strengthening ongoing collaborations with community agencies that serve and refer culturally diverse and underserved populations is a wise investment of program resources.

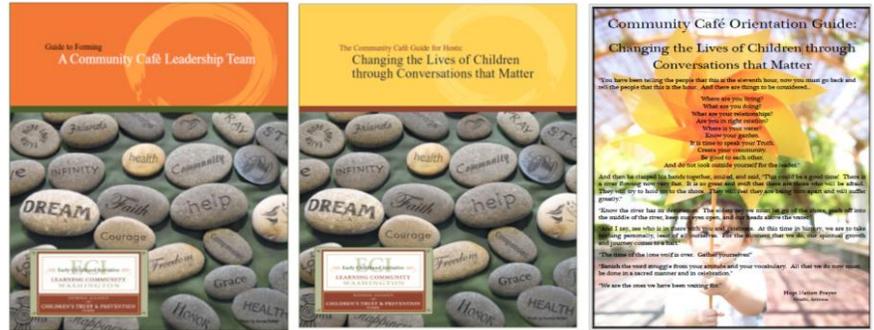
Referral trends were also analyzed (see **Figure 5**) from two community partners, the Utah Parent Center (UPC) and Help Me Grow, as a mechanism to evaluate the impact of ongoing cross-agency collaborations. To determine the rate of growth in referrals, Baby Watch examined referral data by referral source. With the exception of 2017, in which referrals from Help Me Grow dropped by 13%, BWEIP saw an increase in referrals from Help Me Grow but not from the Utah Parent Center. The increase in referrals from Help Me Grow is the result of Baby Watch efforts to educate Help Me Grow employees about EI and is a testament to the strengthened partnership with Help Me Grow.



Based on referral trend analysis and stakeholder discussions, Baby Watch expanded its efforts to increase referrals of culturally diverse and underserved families. As a result, BWEIP and the SSIP Family Engagement work group discussed strategies to strengthen partnerships with the Utah Parent Center, Help Me Grow, Division of Child and Family Services (DCFS), Early Head Start, and the United Way. Discussions led stakeholders to research

and receive instruction in how to host a community café. The BWEIP received guidance from the United Way Community Impact Director in Utah County, which included the following community café materials.

- The Community Café Guide for Hosts and Orientation Guide: Changing the Lives of Children through Conversations that Matter.
- Guide to Forming a Community Café Leadership Team.
- Using Café Conversations to Build Protective Factors and Parent Leadership.



During the [December 2018 SSIP Family Engagement work group](#) meeting, BWEIP presented these resources and participated in follow-up phone conversations with United Way. Based on the materials presented and the subsequent discussion with stakeholders, it was agreed that BWEIP would attend a community café in Spring 2019 and report back to identify next steps.

The BWEIP, in collaboration with the SSIP Assessment work group, has engaged in ongoing efforts to educate EI programs about:

- The interrelatedness of child development.
- The role that a secure parent-child attachment plays in development.
- How mental health impacts children’s growth and learning.

In February 2019, the [Utah Association of Infant Mental Health \(UAIMH\)](#) presented at an ICC meeting and also hosted a statewide conference. Although data has not been collected to assess changes in provider awareness, knowledge, or behavior, Baby Watch plans to collect feedback on recent and ongoing professional development in the area of infant and toddler mental health.

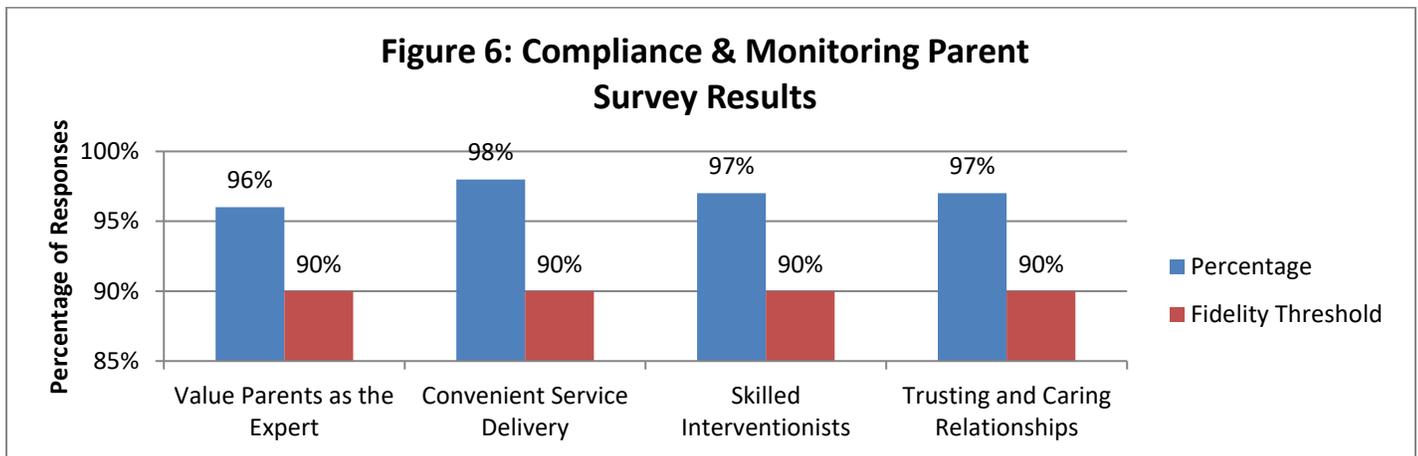
Stakeholders have been engaged in promoting the importance of social-emotional development and BWEIP has challenged local EI programs to individualize and develop, jointly with families, IFSP outcomes which cross developmental domains. In addition, the Assessment work group has identified and developed guidance to support programs in selecting appropriate social-emotional screening or assessment tools that educate parents about the importance of social-emotional development and its impact on child attitudes, behaviors, academic performance, and adult health. Refer to the [Assessment](#) strand for additional information.

One mechanism used to examine the quality of parent and provider relationships was to analyze parent responses to 2018 [Compliance & Monitoring Parent Surveys](#). A total of 704 families participated in the survey, representing families currently receiving services, families with children determined ineligible for services, and families no longer receiving services.

To determine if there was increased trust and acceptance between providers and families, closed-ended survey responses from each service category were coded using the following four themes:

- Parents receive services from providers who recognize and value the parent as the expert on their child.
- Parents receive services at convenient times and locations.
- Parents receive services from highly qualified interventionists.
- Parents trust and feel that providers genuinely care about their family.

As illustrated in **Figure 6** below, the average parent response was 7% above the established fidelity threshold (target). Based on responses to open-ended questions Baby Watch concluded that, for the most part, service provisions throughout the state are family-centered, relationship-based, and culturally sensitive. Follow-up data will be collected from parents in 2019 to determine whether responses remain above the established target of 90%.



The following statements were responses to open-ended questions asked in the 2018 parent survey:

<p>“They were able to come to me and I didn’t have to go to them. It made it easier, especially with the medical issues we encountered.”</p>	<p>“I truly can’t say enough about how much the programs help us through a very difficult time as well as a time to learn how to best help our son after his stroke. This is a new world for us. Up to 3 introduced us to resources and helped us get our feet underneath us again in order to continue this journey with our son. We will be forever grateful. We miss them now that our son no longer receives services. They are family to us!”</p>	<p>“The educators that helped my son really made an impact on our family. We will forever be grateful for the individual help they gave my son. I was very pleased and extremely grateful for the help and the different techniques I was taught as a parent to help my son. The education made such a difference and just the different ideas to help my son learn in a different way than I would have thought. Kids Who Count really did give me the help I needed at a time that is very hard on a parent, and they just point you in the right direction and give you the tools you need as a parent to help your child be successful. I couldn’t be more grateful for Kids Who Count.”</p>
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## Data Quality Issues and Plans for Improvement

Referrals from the Utah Parent Center have been flat for the past three years. Baby Watch hypothesizes that EI programs may be inadvertently misidentifying the source of the referrals in the BTOTS database. To determine if this hypothesis is correct, BTOTS stakeholders, in collaboration with BTOTS developers and BWEIP, agreed to remove the *Other* category from the referral source dropdown menu. This change should allow for more accurate identification of EI referral sources in the future and inform our efforts for our Public Awareness Program and Child Find System.

## Plans for Next Year

Baby Watch, in collaboration with BTOTS developers and BTOTS users, will evaluate the referral source dropdown menu in BTOTS. The purpose is to eliminate catch-all categories such as *Other* and to determine if existing referral options may be skewing the data. This will inform Baby Watch regarding future community outreach and child find efforts.

The SSIP Family Engagement work group will continue its efforts to identify culturally diverse community resources and training opportunities in connection with the SSIP Collaboration and SSIP Professional Development work groups. Enhancements will be made to Canvas CSPD online training and ongoing T/TA disseminated online, on-site and statewide.

Stakeholder work groups will combine efforts to identify additional sources and strengthen or develop new community partnerships which can provide supplemental support to families from both culturally diverse and underserved populations including:

- Refugees
- Immigrants
- Fundamentalist groups

Last, Baby Watch, in collaboration with the Utah Parent Center (UPC) and Utah Association of Infant Mental Health (UAIMH), plans to review and amend the publications currently in draft form which are designed to inform parents of Child Outcomes measurements, DEC Recommended Practices, and the importance of social-emotional development.

## B4. Collaboration Strand

### Data on Implementation and Outcomes

The SSIP Collaboration work group was created to identify and develop resources and guidance that will result in an increased awareness of and access to community resources for all Utah families. The purpose of this work group is to identify or develop resources to inform local EI programs about resources and supports for families from diverse cultures, therefore improving social-emotional development in children of culturally diverse backgrounds.

Type of Outcome	Outcome Description
<b>Short-term</b>	BWEIP will develop a compendium of resources to inform local programs about how to access existing information and supports for families from diverse cultures.
<b>Short-term</b>	EI providers will have community resources to support children and families from diverse cultural backgrounds.
<b>Intermediate-term</b>	Community resources will be utilized to address family needs, resulting in decreased family stressors.
<b>Long-term</b>	State-identified Measurable Result (SiMR)

The progress of the Collaboration strand was limited in 2017, due to the small size of the Baby Watch leadership team. However, improvement activities during FFY18 flourished with a fully staffed lead agency, including a Data Manager hired in June 2018, as well as renewed stakeholder participation. Baby Watch staff and SSIP Collaboration work group members show creativity, passion and commitment in their ability to develop access to community resources. During FFY18, the SSIP Collaboration work group was able to achieve objectives previously identified in Utah’s improvement plan:

- Create compilation of community resources available to all programs.
- Disseminate a list of community resources.
- Provide follow-up TA, as needed, to ensure programs can access and use the resources.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in BWEIP’s Theory of Action (ToA).

## Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owners	Timeline
<b>1. Create compilation of community resources available to all providers.</b>	A. Explore existing community resources available to culturally diverse families.	Diverse cultural connections Literature review	SSIP Collaboration work group Utah Parent Center CSHCN Family Advisory Council	<del>2017</del> <b>2018 - Ongoing</b>
	B. Develop a final list of resources and supports available.			
<b>2. Disseminate a list of community resources.</b>	A. Share with EI providers via the website, provider consortium meetings, grantee meetings, and ICC meetings.	utahbabywatch.org On-site Compliance & Monitoring visits Bureau of Children with Special Health Care Needs	SSIP Collaboration work group Program leadership teams CSPD Committee	<del>2017</del> <b>2018 - Ongoing</b>
	B. Incorporate into the CSPD training system.	Help Me Grow Utah 2-1-1		
<b>3. Provide follow-up TA, as needed, to ensure providers can access and use the resources.</b>	A. Develop training and technical assistance to inform providers of culturally appropriate practices.	Family Survey items. Interviews with Part C program administration and direct service providers. Self-assessment data from providers post deployment	SSIP Core Work Team SSIP Coordinator SSIP Family Engagement work group	<del>2017</del> <b>2018 – Ongoing</b>
	B. Develop guidance documents, processes and procedures for implementing culturally appropriate practices with fidelity.	of culturally appropriate resources, training, and guidance tools.		

**Activity 1: Create compilation of community resources available to all providers.**

The SSIP Collaboration work group consists of members from Baby Watch Early Intervention Program, local EI programs, the [Utah Schools for the Deaf and the Blind \(USDB\)](#), the [Department of Human Services](#), and the Baby Watch Interagency Coordinating Council (ICC). Throughout 2018, the SSIP Collaboration work group participated in phone meetings, as well as worked independently to gather resources to help EI providers better serve culturally diverse children and families.

Utah’s 15 local EI programs serve unique geographic areas across the state. During the SSIP Collaboration work group’s discovery process, all 15 EI programs were invited to share current resources used for providers and families. Through this process, the work group, with the support of new stakeholders, was able to compile a comprehensive resource list that targeted a wide range of cultural groups: immigrant families, refugees in rural and urban communities, polygamist groups, rural and frontier populations, families affected by trauma and adverse childhood experiences, LGBTQ families, and other ethnic, cultural, and linguistically diverse groups. The list included articles, videos, webinars, presentations, and websites. Throughout 2019, the SSIP Collaboration work group will identify and execute ways for EI programs statewide to access all of the resources on the list.

The Baby Watch Early Intervention Program’s Interagency Coordinating Council (ICC) has recently committed to establish a website work group to ensure that the [Baby Watch website](#) continues to meet the needs of all individuals who access it, including families and EI providers. In fall 2018, the ICC Executive Committee identified a desire to enhance the Baby Watch website for the purpose of increasing parent understanding of rights and privileges under IDEA. Historically, Utah Part C has had zero instances of dispute resolution to report to OSEP. Although this is can be interpreted as positive, it has also raised questions as to whether or not parents and families fully understand their rights and privileges under IDEA. The Baby Watch website can be a means to further inform parents of their rights, as well as provide a convenient way for parents to express a concern or file a formal complaint. In winter 2019, the ICC Executive Committee proposed to create an ICC sub-committee to address website enhancements under the ICC tab, including a means for parents to file a complaint with the option of dispute resolution. In addition, this sub-committee will determine what information within the ICC tab needs to be updated, changed, or deleted.

**Website ICC tab**  
The ICC tab currently contains documents, meeting info, and steps to apply for membership.

<i>EI Programs</i>	<i>Program Resources</i>	<i>Reporting</i>	<i>Education</i>	<i>ICC</i>	<i>Team</i>
<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• ICC Fact Sheet</li> <li>• ICC Federal Regulations</li> <li>• ICC Procedure Manual</li> <li>• Utah Boards and Commissions Handbook</li> </ul>		<p><b>Meeting Information</b></p> <ol style="list-style-type: none"> <li>1. Go to the Utah Public Notice website: <a href="https://www.utah.gov/pmn/index.html">https://www.utah.gov/pmn/index.html</a></li> <li>2. In the Government column, select State</li> <li>3. In the Entity column, select Department of Health</li> <li>4. Select Interagency Coordinating Council For Infants And Toddlers and Their Families</li> </ol>		<p><b>Apply for Membership</b></p> <ol style="list-style-type: none"> <li>1. Go to the Utah Boards &amp; Commissions website: <a href="https://boards.utah.gov/Board">https://boards.utah.gov/Board</a></li> <li>2. Look for Interagency Coordinating Council For Infants And Toddlers With Special Needs</li> <li>3. Or search using the keyword "Interagency"</li> <li>4. Click Create a New Account to set up an account and submit your application</li> </ol>	

**Activity 2: Disseminate a list of community resources.**

The SSIP Collaboration work group quickly recognized that if community resources are not easily accessible, they will not be used. During 2018, this work group has identified several platforms through which information can be disseminated. Following discussion between work group members, the following platforms were identified: the [Baby Watch website](#), CSPD online training, and virtual meeting platforms.

**Website Education tab**

The Baby Watch website has an *Education* tab that is currently under construction. The website continues to be a valuable community resource for all 15 EI programs, and plays a critical role in Baby Watch’s child find, referral, and community outreach processes.

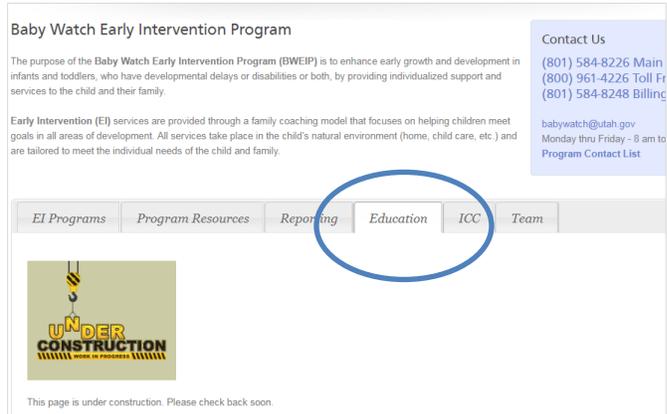
The SSIP Collaboration work group identified the *Education* tab on the Baby Watch website as a location to make various resources available to EI programs and families.

**Help Me Grow**

Help Me Grow (HMG) offers free, online general and social-emotional developmental screeners to ensure children are meeting milestones as they grow. In addition to social-emotional development, the screeners offered by HMG address five other developmental areas:

- Communication
- Gross Motor
- Fine Motor
- Problem Solving
- Personal Social

Baby Watch continues to contract with HMG as Utah’s Part C Central Directory to provide referrals for children 33 months and younger. Referrals to EI are based on ASQ or ASQ: SE scores, or parent and physician concerns. Throughout 2018, HMG participated in ongoing collaborative efforts with all 15 EI programs to increase knowledge and awareness of the HMG services. HMG coordinates referrals between agencies, resulting in early identification of needs for both children and families.



In spring 2018, Baby Watch and HMG collaborated to distribute an [online survey](#) to all EI program administrators and providers across the State of Utah. The purpose of the survey was to determine how communication, education, and collaboration between HMG and Baby Watch can be improved. Individuals from 11 of 15 local EI programs participated in the survey. Survey results indicated multiple areas for improvement, and the need for greater communication between HMG and local EI programs.



**[Utah Association for Infant Mental Health \(UAIMH\)](#)**

UAIMH continues to be a leading provider of education and advocacy for mental health services on behalf of Utah’s infants and toddlers.



In 2018, Utah became a member of the Alliance for the Advancement of Infant Mental Health, based on the [Michigan Association for Infant Mental Health](#) model. Baby Watch currently holds a seat on the UAIMH Infant Mental Health Competency work group, and continues to be a key stakeholder in the development of Utah’s Infant Mental Health Endorsement program.

In February 2019, the Baby Watch team attended UAIMH’s annual conference entitled “The Magic of Relationships: Working with Infants, Toddlers, and Families.” During the upcoming year, Baby Watch will survey attendees to determine what they learned and how the information shared at the conference will impact services to families. Based on survey results, information from the conference will be appropriately compiled and incorporated into the Canvas online training for early intervention direct service providers.

**Activity 3: Provide follow-up TA, as needed, to ensure providers can access and use the resources.**

Baby Watch Early Intervention, Help Me Grow, and UAIMH continue to team together to increase stakeholder knowledge and early identification of social-emotional needs of Utah’s infants and toddlers, and their families. Baby Watch regularly distributes information by email, received by both Help Me Grow and UAIMH, directly to all early intervention providers across the state to help ensure EI providers are informed about collaboration and educational opportunities. During January 2019, Baby Watch also collaborated with Help Me Grow to organize HMG Parent Support Specialists BDI-2 NU training on the tool now being used to assist in determining EI eligibility.

In 2018, the Baby Watch program implemented a system-wide compliance and monitoring process to ensure quality early intervention services are being delivered throughout the State of Utah. Part of this process includes Baby Watch staff providing TA to early intervention program staff to address identified needs on each program’s Quality Assurance Plan (QAP). Refer to the [Compliance and Quality Assurance](#) strand for more information about how Baby Watch T/TA encourages EI providers to access and use various resources and supports.

The current Canvas CSPD online training contains a topic dedicated to cultural sensitivity. This topic is the primary way that new employees receive technical assistance from the state Baby Watch team on how to

interact with children and families from diverse cultural backgrounds. The topic is required for all employees earning their initial Early Intervention Specialist credential, as well as for credential renewal. The SSIP Professional Development work group has identified updating resources in the Canvas CSPD online training system as a priority. Please refer to the [Professional Development](#) strand for detailed information regarding plans to further enhance the online training system used for EI direct service provider education.

### Progress towards Achieving Intended Improvements

Beginning in 2014, the Collaboration work group identified community resources and partnerships that could provide supplemental support to children and families served in Utah early intervention programs.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: <b>BWEIP will develop a compendium of resources to inform local programs about how to access existing information and supports for families from diverse cultures.</b>	Did BWEIP develop a compendium of resources to inform local programs about how to support families from diverse cultures?  Were resources shared with programs?  Do EI programs understand how to use the resources?	Guide to culturally diverse resources exists.	Baby Watch website analytics  Help Me Grow and Utah 211 referrals	<del>Winter 2017 and Ongoing</del>  2018 – Winter 2019	Evaluate current user trends in Canvas CSPD resource use/downloads
Short Term: <b>EI providers will have community resources to support children and families from diverse cultural backgrounds.</b>	Are providers accessing and using community resources with families?	Provider website access  C&M home visit observations  Family Surveys	Baby Watch website analytics  Family Survey response rates and responses	<del>Winter 2017 and Ongoing</del>  2018 – Winter 2019	Conduct provider surveys regarding community resources
Intermediate Term: <b>Community resources will be utilized to address family needs, resulting in decreased family stressors.</b>	Are families using community resources to assist with their family’s needs?	Parent and family report regarding use of community resources	Family Survey response rates and responses	<del>Winter 2017 and Ongoing</del>  2018 – Winter 2019	Analyze NCSEAM and C&M family survey responses pre/post
Long Term: <b>SiMR</b>	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).				

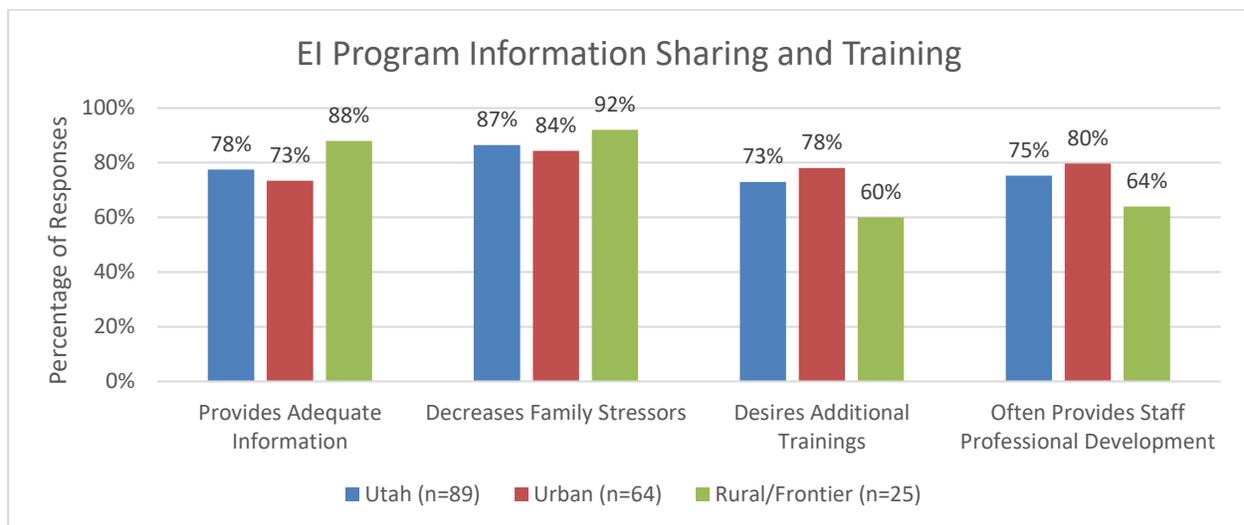
## Evaluation of Improvement Strategy Implementation

In January 2019, Baby Watch developed a survey to gather information from local EI programs regarding the following topics to help us better identify ongoing gaps in improvement activities:

- Perceptions about the adequacy of community resources disseminated to families of diverse cultural backgrounds.
- Beliefs that information disseminated resulted in decreased levels of family stressors.
- Desires for additional training on community resources for cultural awareness.
- Opportunities for professional development currently provided at local programs.

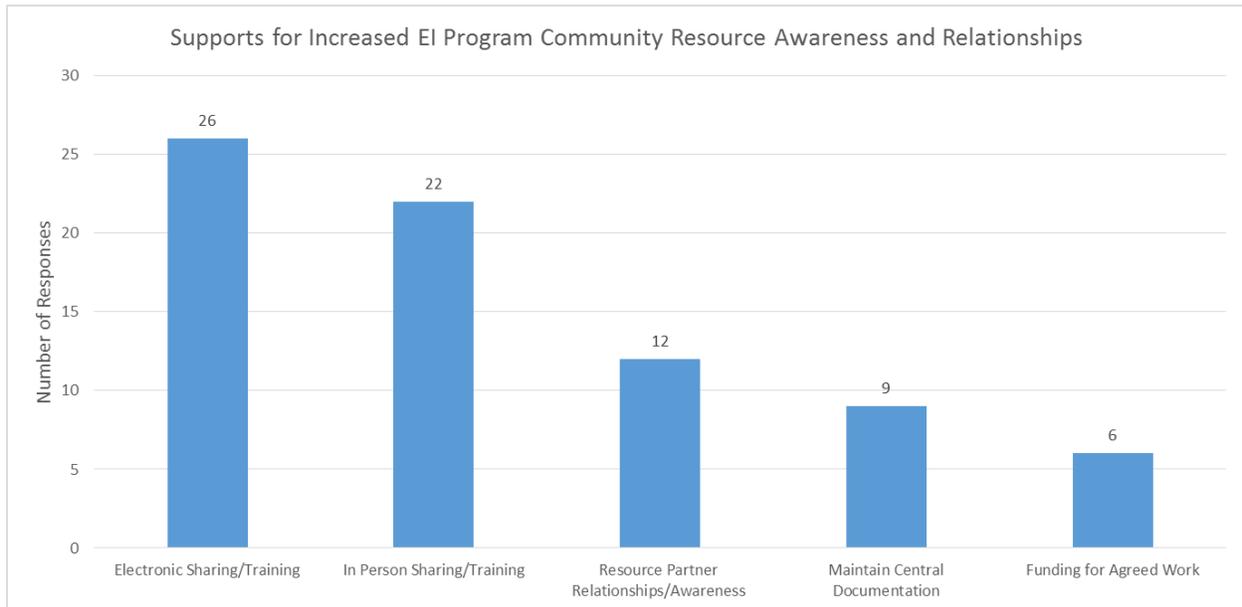
To examine whether geography plays a role in program responses, the data was evaluated by urban, rural, and frontier classifications. Of interest, as illustrated in **Figure 1**, 60% of respondents, classified by rural/frontier, reported no desire for additional training even though their responses indicated fewer opportunities for professional development than their urban counterparts. Although rural and frontier programs reportedly receive less professional development, a higher percentage responded that the cultural and community resources available and dispersed resulted in decreased levels of family stress. As Baby Watch continues to move forward to support all local early intervention programs, based on this survey feedback, the lead agency will remain cognizant of potential professional development needs related to cultural and community resources in rural and frontier programs.

**Figure 1: Perceptions of the Impact of PD and Dissemination of Community Resources**



This survey also gathered information about how EI programs prefer to access resources, including online, in person, from resource partners, through a central directory of information, or receiving additional funding for agreed work. **Figure 2** indicates that providers prefer electronic and in-person training over other methods to improve understanding of culturally sensitive community resources. Information from this survey will be used as Baby Watch continues to move forward with activities that will address needs of EI programs throughout the state.

**Figure 2: Methods of Professional Development**



## Collaboration with CSHCN Programs and Community Partners

Throughout 2018, the Baby Watch Early Intervention Program has been working to enhance collaborative efforts with the [Utah Birth Defect Network \(UBDN\)](#) and the [Early Hearing Detection and Intervention \(EHDI\)](#) programs. Collaboration with these programs promotes early identification and timely referrals to early intervention for Utah’s children and families, including those from diverse cultures.

Baby Watch collaborated with UBDN and the University of Utah Department of Pediatrics to collect and analyze data to better understand the patterns of referral, evaluation, and utilization of Part C early intervention among children with congenital heart disease in Utah. This work resulted in the submission of an article titled “Utilization of Baby Watch Early Intervention Program by Children with Congenital Heart Disease” for publication in *The Growing Times*.

Baby Watch holds a seat on the Utah Newborn Hearing Screening Advisory Committee (NBHSAC) and attends the quarterly committee meetings. In December 2018, and to further strengthen relationships and increase referrals to early intervention, Baby Watch presented to the NBHSAC about early intervention and what supports can be offered to infants and toddlers with hearing loss and their families. Ongoing collaboration between BWEIP and EHDI helps to provide seamless delivery of services from time of hearing loss diagnosis to early intervention.

Throughout 2018, Baby Watch continued collaboration with the Departments of Special Education at the University of Utah and Utah State University. Baby Watch worked with each university to align the Early Intervention Specialist credential requirements with undergraduate coursework requirements to allow an opportunity for students graduating with a degree in Early Childhood Special Education to also earn their Early Intervention Specialist credential. In January 2019, Baby Watch began conversations with individuals in the Department of Psychology at the University of Utah to determine how undergraduate students can earn an Early Childhood Mental Health certificate/degree and an Early Intervention Specialist credential simultaneously.

Finally, during FFY18, a Baby Watch team member has been identified as liaison between Baby Watch Early Intervention and Utah Neonatal Intensive Care Units (NICUs) to promote communication, early intervention education, and higher rate of referrals to EI at time of transition from NICU to home. In addition, the Baby Watch NICU liaison tracks the referrals made from Utah NICUs to local EI programs. This helps ensure EI programs are receiving the referrals and successful connections are being made with the families.

## Plans for Next Year

For 2019, the SSIP Collaboration work group has prioritized and clarified goals, and has identified exciting new community partnerships where future investment will be made:

- Continue collaboration with UAIMH to develop Utah's Infant Mental Health Endorsement program.
- Organize a conference, in collaboration with other Utah early childhood programs and agencies, to highlight the importance of having cultural awareness resources for providers in early childhood.
- Collaborate with additional educational institutions to align early intervention credentialing requirements with education degree and certification requirements.
- Dissemination and access to cultural materials and training to all Utah EI programs in urban, rural, and frontier areas.

Baby Watch and the SSIP Collaboration work group intend to address these goals through ongoing enhancements to the Baby Watch website and Canvas CSPD online training, and through live on-site and statewide professional development and T/TA opportunities.

## B5. Compliance and Quality Assurance Strand

### Data on Implementation and Outcomes

The Compliance and Quality Assurance work group was created in spring 2018 to assist and advise BWEIP in meeting the following objectives identified in Utah’s Part C redesigned General Supervision System:

- Strengthen local capacity;
- Improve clarity regarding BWEIP expectations and requirements;
- Identify needs for training and technical assistance;
- Promote consistency across systems and service provisions;
- Promote quality in the provision of services;
- Support the alignment of local program processes and procedures with Baby Watch policy;
- Strengthen relationships with program administrators and direct service staff; and
- Improve results for children and families.

Type of Outcome	Description
<b>Short-term</b>	Providers and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and Quality Assurance Plans (QAPs).
<b>Short-term</b>	BWEIP has a redesigned General Supervision System that includes tools and guidance to support ongoing, program-level evaluation of compliance and performance indicators.
<b>Intermediate-term</b>	Providers and BWEIP improve infrastructure for continuous improvement for results and compliance and implementation of EBPs.
<b>Intermediate-term</b>	Providers are more confident and competent in meeting state and federal performance and compliance indicators which improve outcomes for children and families.
<b>Intermediate-term</b>	Providers and BWEIP improve relationships, increase collaboration, and renew trust between the state and local programs and families.
<b>Long-term</b>	State-identified Measurable Result (SiMR).

## Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>1. Redesign the General Supervision System to include on-site and off-site monitoring activities of compliance and performance indicators.</b>	<p>A. Determine local program classifications: Urban, Rural, &amp; Frontier.</p> <p>B. Determine random sampling method used to review electronic child records.</p>	<p>NCSI RBA CSLC BWEIP Financial UDOH OFO</p> <p><b><i>Developing and Implementing an Effective System of General Supervision: Part C</i></b></p>	<p>Compliance &amp; Monitoring Specialist</p>	<p>Oct. – Jan. 2018 <b>COMPLETED</b></p>
<b>2. Identify evaluation methods to assess the application of the Seven Key Principles of Early Intervention and the renown Foundational Pillars of Early Intervention.</b>	<p>Include assessment items to identify evidence of family-centered services, relationship-based practices, natural environments, children’s learning, application of adult learning principles, cultural-sensitivity, and quality teaming practices.</p>	<p>NCSI T/TA ECTA System Framework DaSy T/TA</p>	<p>Compliance &amp; Monitoring Specialist</p>	<p>Oct. – Jan. 2018 <b>COMPLETED</b></p>
<b>3. Create a service provision observation tool which aligns with CSPD evaluation forms and includes items to identify the application of nationally endorsed practices.</b>	<p>A. Design the checklist to provide information and invite self-reflection.</p> <p>B. Design the checklist to identify application of evidence-based interventions, recommended practices, and compliance with federal regulations and state policies.</p>	<p>CSPD Service Provision Observation Forms</p>	<p>Compliance &amp; Monitoring Specialist CSPD Coordinator</p>	<p>Oct. – Jan. 2018 <b>COMPLETED</b></p>
<b>4. Design a tool to serve as a resource and guidance document to plan and organize program monitoring.</b>	<p>A. Identify on-site and off-site monitoring activities.</p> <p>B. Include template for documenting scheduled service provisions for observation.</p>	<p>NCSI RBA CSLC NCSI T/TA</p>	<p>Compliance &amp; Monitoring Specialist</p>	<p>Oct.-Jan. 2018 <b>COMPLETED</b></p>
<b>5. Develop a records review assessment tool to determine compliance in meeting federal and state performance standards, and that incorporates current literature on recommended practices in the area of IFSP development, and quality performance.</b>	<p>A. Identify seven key areas to assess during records reviews which include both compliance and quality indicators.</p> <p>B. Disseminate tool to NCSI T/TA for review and feedback.</p> <p>C. Disseminate to Providers for review and consideration prior to initiating monitoring activities.</p>	<p>NCSI RBA CSLC NCSI T/TA ECTA publications <b>The Early Intervention Workbook</b> Publications from early childhood experts C&amp;M rubrics and exemplars from other states</p>	<p>Compliance &amp; Monitoring Specialist BWEIP Team</p>	<p>Oct.- Jan. 2018 <b>COMPLETED</b></p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>6. Identify existing BTOTS reports and design new reports to collect quantitative data from our statewide EI database which supports monitoring activities.</b>	<p>A. Coordinate with developers to update existing or design new quantitative BTOTS reports.</p> <p>B. Coordinate with BWEIP Business Analyst to include sorting and grouping features and data queries.</p>	<p>BTOTS developers</p> <p>BWEIP Business Analyst</p> <p>BWEIP Team</p>	<p>Compliance &amp; Monitoring Specialist</p> <p>BWEIP Team BTOTS Team</p>	<p>Dec. 2017 – <b>ONGOING</b></p>
<b>7. Develop parent survey questions designed to assess early intervention practice from a parent perspective and to measure satisfaction with services.</b>	<p>A. Determine survey questions that measure parent satisfaction, compliment NCSEAM, and include methods of identification and measurement of results or the impact of EI services with families.</p> <p>B. Identify all families from each program who are:</p> <ul style="list-style-type: none"> <li>i. Eligible with 6 consecutive months of services</li> <li>ii. Ineligible</li> <li>iii. Exited from EI</li> </ul> <p>C. Elicit feedback from CSHCN Family Advisory Council and revise survey questions accordingly.</p>	<p>Parent survey questions developed by and used in other states to measure parent satisfaction with Part B and Part C services</p>	<p>Compliance &amp; Monitoring Specialist</p> <p>BWEIP Team</p>	<p>Oct.-Jan. 2018 <b>COMPLETED</b></p>
<b>8. Identify qualitative data collection methods to explore findings from quantitative data collected during records reviews, the BTOTS database, and observations of service provisions.</b>	<p>Draft administrator and on-site interview questions that:</p> <ul style="list-style-type: none"> <li>i. Provide greater understanding of findings (quantitative data) from records reviews, service observations, and Compliance Indicator Checklist</li> <li>ii. Identify strategies to build capacity and explore financial viability in promoting application of EBPs</li> <li>iii. Inform local and statewide T/TA</li> <li>iv. Identify and explore discrepancies in systems and application</li> <li>v. Assess dimensions of policy and practices from a direct service perspective</li> <li>vi. Identify and celebrate strengths and successes</li> <li>vii. Promote self-reflection and individual learning</li> </ul>	<p>NCSI T/TA</p> <p>ECTA</p>	<p>Compliance &amp; Monitoring Specialist</p> <p>BWEIP Team</p>	<p>Oct. – Jan. 2018 <b>COMPLETED</b></p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>9. Design a tool to assess provider levels of compliance with state and federal policies and to serve as a guide in updating, creating, or enforcing local-level policies, processes and procedures which align with state policies and federal regulations.</b>	<p>A. Create a checklist to determine if providers have documented policies which align with federal rules and regulations and BWEIP policies</p> <p>B. Include guidance for identifying procedures which operationalize state, federal, and local policies.</p>	<p>NCSI T/TA</p> <p>ECTA</p> <p>Compliance monitoring tools from other states</p>		<p>Oct. – Jan. 2018</p> <p><b>COMPLETED</b></p>
<b>10. Design a template to present findings identified from on-site and off-site monitoring activities.</b>	<p>Comprehensive reports to include the following:</p> <ul style="list-style-type: none"> <li>i. Desk audit</li> <li>ii. Observations of service provisions</li> <li>iii. Aggregate interview responses</li> <li>iv. Parent survey results</li> <li>v. Identified strengths</li> <li>vi. Concerns or findings</li> <li>vii. Recommendations</li> <li>viii. General T/TA</li> <li>ix. Resources</li> <li>x. Definitions/acronyms</li> <li>xi. QAP template</li> </ul>	<p>Review of corrective action templates and monitoring feedback tools from other states.</p> <p>NCSI T/TA</p> <p>NCSI RBA CSLC</p>	<p>Compliance &amp; Monitoring Specialist</p> <p>BWEIP Team</p>	<p>Jan. 2018</p> <p><b>COMPLETED</b></p>
<b>11. Develop T/TA to support local EI programs in implementing improvement activities and objectives identified in QAPs.</b>	<ul style="list-style-type: none"> <li>A. Engage stakeholders in the development of guidance documents.</li> <li>B. Develop training material and resources specific to the unique culture or sub-populations served.</li> <li>C. Provide training at all EI programs.</li> <li>D. Evaluate and revise program training based on feedback.</li> <li>E. Integrate the training into CSPD.</li> </ul>	<p>Develop a training schedule, materials, and an evaluation resulting in revisions based on feedback.</p>	<p>Compliance &amp; Monitoring Specialist</p> <p>CSPD Coordinator</p> <p>BWEIP Team</p> <p>NCSI SEO CSLC</p>	<p>May 2018 – Apr. 2020</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<b>12. Update 2013 BWEIP policies and procedures.</b>	Engage stakeholders in policy revisions and processes and procedures development: <ol style="list-style-type: none"> <li>i. Update policies</li> <li>ii. Redesign formatting</li> <li>iii. Include definitions</li> <li>iv. Hold public hearings</li> <li>v. Amend policies in accordance with stakeholder input</li> <li>vi. Engage stakeholders in determining final policies</li> <li>vii. Submit updated policies to OSEP for approval</li> <li>viii. Disseminate updated policies to local programs and post on BWEIP website</li> <li>viii. Discuss final policies, offer T/TA</li> </ol>	Federal rules and regulations  BDI Users Group  DaSy T/TA	Program Manager  CSPD Coordinator  Compliance & Monitoring Specialist	Oct. 2018 – 2019
<b>13. Create a Part C Compliance and Quality Assurance work group to inform ongoing monitoring activities.</b>	<ol style="list-style-type: none"> <li>A. Request for volunteers to sign-up at ICC and Grantee Meeting.</li> <li>B. Send out additional work group member request reminders via email for those not in attendance.</li> <li>C. Review volunteer sign-ups and request for additional volunteers as needed to represent urban, rural, frontier areas and parents.</li> <li>D. Request work group members to volunteer to lead or co-lead the Compliance and Quality Assurance work group.</li> <li>E. Facilitate ongoing meetings with stakeholder work group.</li> </ol>	DaSY Data Toolkit  NCSI T/TA  NCSI RBA CSLC	Compliance & Monitoring Specialist  Data Manager  EI program administrators and service providers  Utah parents currently or formerly enrolled in EI	May 2018 Ongoing
<b>14. Introduce the BDI-2 NU as Utah’s Part C evaluation tool and Child Outcomes reporting tool. Create a BDI-2 NU Users Group to inform procedures in using the BDI-2 NU evaluation and child outcomes tool.</b>	Create a BDI-2 NU Users Group, comprised of BTOTS users, to advise and assist BWEIP in meeting the following objectives: <ol style="list-style-type: none"> <li>i. Inform procedures in using the BDI-2 NU evaluation and child outcomes tool</li> <li>ii. Determine and develop BDI-2 NU Child Outcomes Business Rules</li> <li>iii. Redesign the BTOTS database to house standardized assessment scores and Child Outcomes results</li> </ol>		Local program administrators and direct service providers  BWEIP Team  BTOTS Development Team	Completed

**Activity 1: Redesign the General Supervision System to include on-site and off-site monitoring activities of compliance and performance indicators.**

As introduced in the Executive Summary of the Phase III Year 2 SSIP report, Baby Watch, under the direction of new leadership and in accordance with recommendations included in a legislative audit report received November 2017, redesigned the existing General Supervision System to include comprehensive, on-site and off-site monitoring activities. Documents were created, with support from the National Center for Systemic Improvement (NCSI) and the Results Based Accountability (RBA) Cross-State Learning Collaborative (CSLC), for providing an insightful and informative picture of each individual program's performance.

To comply with the timeline agreed to in the response to the legislative auditor, all monitoring activities including site visits were expected to commence in January 2018. Given the limited time to develop monitoring documents and resume monitoring activities, stakeholders previewed and provided preliminary feedback, but were not engaged in the development of the tools designed to evaluate their programs.

**Activities 2 - 5: Include the identification of evaluation methods and the development of monitoring and accountability tools which measure application of the following: Seven Key Principles of Early Intervention, Foundational Pillars of Early Intervention, Nationally Endorsed and Recommended Practices, and Federal and State Performance Standards and Regulations.**

Monitoring documents were designed with support from NCSI to inform improvement efforts across programs throughout the State of Utah, including:

- [IFSP Quality Assessment](#) form
- [Compliance & Monitoring Observation](#) forms

In addition to the support from T/TA, information from renowned leaders in the field of early childhood and tools developed by other states were incorporated into the final versions of the forms. For additional information on the redesigned General Supervision System, including specific resources used to develop each tool, please refer to the January 2018 [Compliance & Monitoring Overview](#) ICC presentation.

**Activity 6: Identify existing BTOTS reports and design new reports to collect quantitative data from our statewide EI database which supports monitoring activities.**

Baby Watch and Multidimensional Software Creations (MDSC) partnered to revise existing BTOTS reports and create new reports to streamline compliance and monitoring activities. For information regarding the types of reports used to conduct program monitoring, refer to the list of [BTOTS Compliance & Monitoring Reports](#).

**Activity 7: Develop parent survey questions designed to assess early intervention practice from a parent perspective and to measure satisfaction with services.**

Interviewing parents currently enrolled, formerly enrolled or referred, and determined ineligible for early intervention was determined as one mechanism to measure satisfaction with service provisions and to compare and contrast perceptions of early intervention services from the parent and provider perspective. However, Baby Watch learned that in order to acquire the quantity of feedback per program that would provide useful and meaningful qualitative data about a family's experiences in early intervention, Baby Watch would need to strongly reconsider its data collection method. As a result, before the first on-site visit the format for gathering parent feedback shifted from phone interviews to an online survey. For questions asked, please refer to the [Compliance & Monitoring Parent Survey](#).

**Activity 8: Identify qualitative data collection methods to explore findings from quantitative data collected during records reviews, the BTOTS database, and observations of service provisions.**

In redesigning the Baby Watch General Supervision System, the inclusion of both quantitative and qualitative data collection methods was explored. To further enhance the understanding of findings identified in quantitative data, interview questions were developed for both local EI program administrators and providers. To assess consistencies in systems and practices within programs, a minimum of three and a maximum of five employees, representing four distinct disciplines were interviewed during each on-site visit. In all, approximately 60 interviews and 16 administrator interviews were conducted in 2018. Refer to [On-Site Administrator Interview](#) and [On-Site Provider Interview](#) for specific questions asked.

Interview feedback was de-identified and summarized in the Narrative section of every program’s monitoring report. The information informed local and statewide T/TA in addition to uncovering discrepancies in the application, by individual provider, of local program processes and procedures including federal and state policy.

**Activity 9: Design a tool to assess provider levels of compliance with state and federal policies and to serve as a guide in updating, creating, or enforcing local-level policies, processes and procedures which align with state policies and federal regulations.**

A tool developed by Connecticut’s Birth to Three System was adopted as a means of evaluating local program policies and procedures to ensure alignment with federal regulations and state policy. Although not all programs reported having or submitting their local policies and procedures for review, the tool was used for those documents received at the Baby Watch office to identify areas of non-compliance and to inform local administrators of their program’s policies and procedures which were undocumented, inaccurate, or unenforced as evidenced by interview responses, service provision observations, and/or IFSP records reviews. For those programs which reported using only federal and state policy to operate their programs, the tool served as guidance to support the development of local program procedures to operationalize state and federal policy. See the Baby Watch [Compliance Indicator Checklist](#) for more information.

**Activity 10: Design a template to present findings identified from on-site and off-site monitoring activities**

In order to inform improvement efforts statewide and at the local program level, comprehensive audit reports were prepared within 90 days of each on-site monitoring visit for all sub-recipients, including the Utah Schools for the Deaf and Blind (USDB). Each report identified program strengths, findings, recommendations for continuous quality improvement in addition to general T/TA, a glossary of terms and acronyms, and resources.



**Activity 11: Develop T/TA to support local programs in implementing improvement activities and objectives identified in QAPs.**

**Appendix C: Quality Assurance Plan** was included with each monitoring report and programs were encouraged to use the template or a similar one to conduct a root cause analysis and identify improvement objectives, persons responsible, and establish a timeline for completion. The QAPs were due within 6-8 weeks of receipt of their individual monitoring report from Baby Watch. A second Baby Watch Compliance & Monitoring Specialist

was assigned responsibility for ongoing, individual T/TA unique to each program's quality improvement plan objectives. General T/TA provided to each program once a QAP is submitted includes:

- Initial phone call to review understanding of Monitoring and Quality Assurance report.
- Logistics including communication preferences and expectations.
- Monthly calls.
- Follow-up emails with prioritized tasks updating programs of BWEIP progress.
- Dissemination of resources.

#### **Activity 12: Update 2013 Baby Watch policies and procedures.**

During the fall and winter of 2018, the Baby Watch team collaborated to reformat and enhance the design of each policy. To promote understanding of terms used and to ensure policies were more user-friendly, a definitions section was added to the beginning of each policy. Content changes to the following policies were submitted electronically to stakeholders, posted on the Baby Watch website, and reviewed during public hearings:

- 1.A.2 Comprehensive System of Personnel Development
- 1.B.6 Eligibility Criteria
- 1.B.7 Timely, Comprehensive, Multidisciplinary Evaluation and Assessment
- 1.B.10 Transition to Preschool and Other Programs

Feedback received during public hearings was noted and changes made accordingly. These policies, along with the newly created Interagency Coordinating Council (ICC) policy will be submitted to OSEP for final review and approval in 2019.

#### **Activity 13: Create a Part C Compliance and Quality Assurance work group to inform ongoing monitoring activities.**

In the spring of 2018, in response to and in support of the redesigned General Supervision System, Baby Watch introduced a new work group to inform ongoing improvement efforts and to advise statewide monitoring activities and T/TA. This stakeholder work group is comprised of administrators and service providers from urban, rural, and frontier programs, and includes parent alumni. Stakeholder meetings convened throughout the summer, fall, and winter of 2018. Work group members were reintroduced to the origins of the SSIP and SiMR including their role in the development, ongoing implementation and evaluation of improvement activities. Stakeholders provided input to collaboratively update the ToA and LM. In addition, work group and ICC members provided feedback on improvement activities and the evaluation plan imbedded within this strand report.

#### **Activity 14: Introduce the BDI-2 NU as Utah's Part C evaluation tool and Child Outcomes reporting tool. Create a BTOTS database BDI-2 NU Users Group to inform procedures in using the BDI-2 NU evaluation and outcomes tool.**

In 2018, Baby Watch introduced the [Battelle Developmental Inventory – 2<sup>nd</sup> Edition Normative Update \(BDI-2 NU\)](#) as the standardized tool, along with other evaluation and assessments, required to be administered to determine initial and ongoing eligibility. Additionally, the BDI-2 NU was selected as the measurement tool to be used to determine Child Outcomes entry and exit scores.

In preparations for this transition, Baby Watch, in collaboration with Help Me Grow Parent Support Specialists organized an educational training about the BDI-2 NU. In all, over 250 direct service providers and administrators received training from a national clinical measurement consultant employed by Houghton Mifflin

Harcourt. To further support Utah’s transition to this standardized tool, Baby Watch continued its involvement with the national BDI Users Group. Over the years, participation in this cross-state collaborative resulted in increased confidence, competence, and capacity. Additionally, Baby Watch’s participation has resulted in numerous opportunities to partner with and learn from other states experienced in using the BDI-2 NU as both an evaluation and Child Outcomes measurement tool. Other benefits of the national BDI-2 NU Users Group include resource allocation, individual T/TA, and discussions about and dissemination of business rules developed by Part C programs across the country.

To support a seamless and successful transition to the BDI-2 NU, Baby Watch teamed with the BTOTS developers to create a stakeholder work group (BDI-2 NU BTOTS Users) to assist and advise in making required enhancements to the BTOTS database.

Changes to Baby Watch’s eligibility and evaluation and assessment policies were submitted electronically to stakeholders, posted on the Baby Watch website, and reviewed during public hearings. Feedback received during the public hearings was incorporated into the draft policies that will be submitted for final review to OSEP in 2019.

## Progress Toward Achieving Intended Improvements

The Compliance and Quality Assurance work group provided guidance on how to enhance state infrastructure to lead meaningful change in state and local program performance.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short-Term: <b>BWEIP has redesigned the General Supervision System to include on-site and off-site monitoring activities of both compliance and performance indicators.</b>	<p>Did BWEIP redesign the General Supervision System and incorporate on- and off-site C&amp;M activities?</p> <p>Did BWEIP develop monitoring tools to assess systems and practices of local programs?</p> <p>Were tools disseminated to programs in advance?</p> <p>Do programs understand the intent of each tool and how it will be used to evaluate their infrastructure and practices?</p>	<p>On-site and off-site monitoring tools exist.</p> <p>Monitoring tools used to evaluate program performance/ accountability is dispersed to local programs after development and again, in advance of individual program monitoring site visits.</p>	<p>100% of local EI programs report receiving on- and off-site C&amp;M tools to be used to evaluate infrastructure and measure program performance and accountability.</p> <p>100% of local EI programs, ICC members, and guests report receiving an introduction to and participating in a discussion about the purpose of each C&amp;M tool and how it will be used to measure performance.</p>	Fall 2017 – Winter 2018	<p>Evidence of the use of individual monitoring tools to evaluate program performance and compliance are embedded within individual program monitoring reports.</p> <p>Evaluate the frequency of recommendations to systems and practices identified within monitoring reports to inform local/statewide improvement efforts.</p>
Short-Term: <b>Programs and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs.</b>	Did programs and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs?	<p>EI programs:</p> <ol style="list-style-type: none"> <li>use BWEIP C&amp;M tools to improve systems/practices.</li> <li>have QAPs that include root cause analysis and improvement objectives with clear timelines and responsibilities</li> </ol>	<p>70% of local EI programs use 1+ BWEIP C&amp;M tool to assess systems/practice improvements.</p> <p>100% of local EI programs submit comprehensive QAPs with analysis to inform systems/practice improvements.</p> <p>100% of local EI programs report receiving BWEIP assistance to support systems/practice improvements.</p>	Summer 2019	<p>Evaluate surveys to determine the effectiveness of the redesigned C&amp;M process.</p> <p>BWEIP internal monitoring</p>

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Intermediate-term: <b>Providers are more confident and competent in meeting state and federal performance and compliance indicators which improve outcomes for children and families.</b>	Did the EI programs who used the C&M tools in advance of their on-site visit feel more confident and prepared to meet state/federal performance and compliance indicators?  Are EI programs more confident and competent in meeting state/federal performance and compliance indicators to improve outcomes for children and families?	Administrator Interview (formal and informal).  Written documentation submitted during on-site visit to augment monitoring process and to showcase unique program strengths.	Analytics of submitted, written documentation and formal administrator interviews or informal discussions with administrators.  Disaggregated data analytics to compare overall performance for programs who received monitoring and accountability audits during SFY2018 as compared to SFY2019.	Summer 2019	EI program survey responses to the evaluation of the accountability and monitoring process.  EI program performance as summarized in monitoring reports.
Intermediate-term: <b>EI providers and BWEIP improve infrastructure for continuous improvement for results and compliance.</b>  <b>EI providers and BWEIP implement EBPs.</b>	Did EI programs improve infrastructure for continuous improvement for results and compliance?  Did BWEIP improve infrastructure for continuous improvement and compliance?  Did EI providers and BWEIP implement EBPs?	EI programs submit QAPs to BWEIP.  BWEIP provides well-defined, operationalized practices with enhanced, practice assessment tools.  BWEIP and providers prioritize and implement EBPs.	100% of local EI programs submit QAPs including analysis of systems/practice improvements.  100% of local EI programs document progress in meeting QAP improvement objectives.  EBPs are taught to ensure intended use and to teach behaviors and actions that exemplify practices as well as unacceptable variations of EBPs.  Practice performance assessments are used to determine if EBPs are implemented.	Summer 2019  Fall 2019  Spring 2020  Fall 2020	Retrospective review of IFSP records data submitted in self-assessments. Identify patterns of strengths & findings across monitoring reports and QAPs. T/TA evaluations for webinars, on-site, and statewide PD. % of programs that meet performance indicator for practitioner fidelity. EI program and score improvements over time and in comparison, with fidelity threshold. EI program evaluations to determine effectiveness of the tool in identifying strengths/weaknesses, and to move toward, reach, maintain fidelity.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Intermediate-term: <b>Providers and BWEIP improve relationships, increase collaboration, and renew trust between the state and local programs and families.</b>	Did EI providers and BWEIP improve relationships, increase collaboration, and renew trust?	BWEIP will improve communication frequency and methods to promote transparency and establish clear expectations.	80% of EI providers will report: <ul style="list-style-type: none"> <li>improvement in communication methods</li> <li>increased opportunities to inform Part C improvement efforts in Utah</li> </ul>	Fall 2019	Provider survey feedback evaluating the effectiveness of communication methods used and the quantity/quality of stakeholder engagement.
	Did EI providers and families improve relationships, increase collaboration, and renew trust?	EI providers will participate in stakeholder discussions to inform improvements and promote active collaboration.	Analytics of family survey results by demographics and geography.	Fall 2019	Post Compliance and Monitoring family survey that includes demographic information.
			BWEIP will design a family survey that measures quality in relationships, services, and parent confidence.	Analytics of provider survey results by program.	Fall 2019
Long Term: <b>SiMR</b>	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).				

## Evaluation of Improvement Strategy Implementation

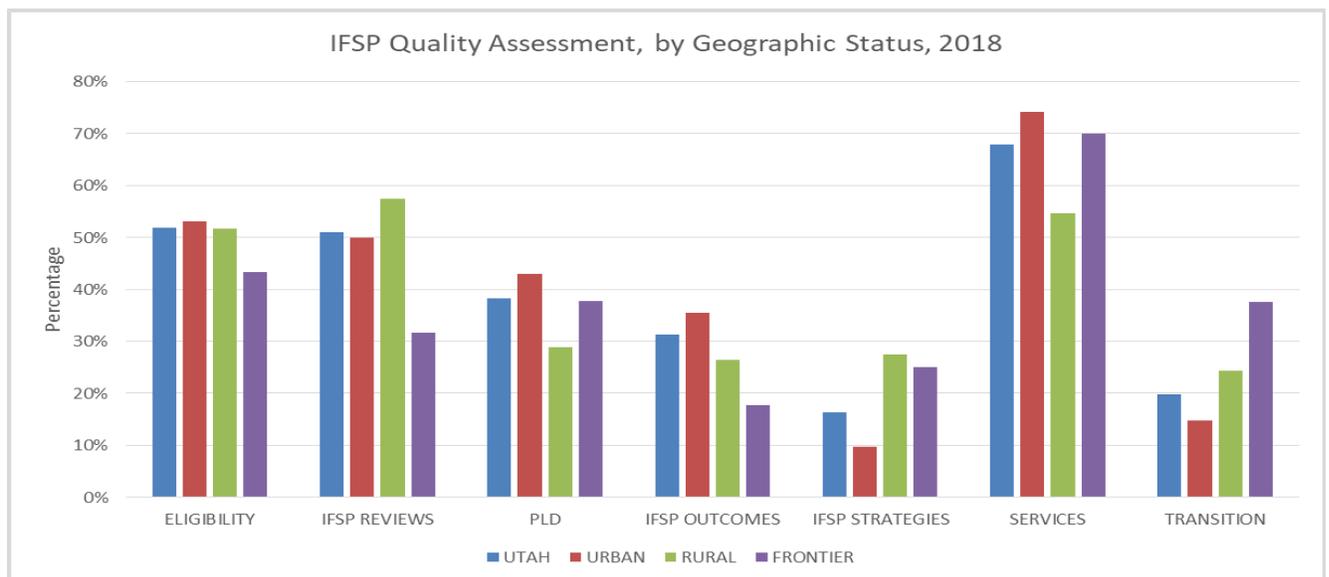
To evaluate the progress of Outcome one on page 66, 100% of local EI programs reported receiving on and off-site compliance and monitoring tools used to evaluate infrastructure and measure program performance and accountability; and, 100% of local EI programs, ICC members, and guests reported receiving an introduction to and participating in a discussion about the purpose of each compliance and monitoring tool including how it will be used to measure performance.

Prior to conducting monitoring activities, each of the 15 sub-recipients was classified, based on population size, into urban, rural, or frontier categories. Individual Family Service Plan (IFSP) records for review were selected using a stratified, random sample: 60 for urban, 30 for rural, 15 for frontier programs, and 20 records for the Utah Schools for the Deaf and the Blind (USDB). In all, 605 IFSP records were reviewed from January 2018 to November 2018. IFSP records were evaluated in seven distinct categories against the state average. **Figure 1** illustrates the results by urban/rural/frontier classification compared to the state average in the following seven categories:

- Initial and Ongoing Eligibility
- Annual and Periodic Review
- Child Strengths and Current Developmental Abilities/Present Levels of Development (PLD)
- Child- and Family-Centered Outcomes
- Intervention Strategies and Activities
- Determining Services and Supports
- Transition to Part B or Community Services

When evaluating EI services, aggregate results from IFSP records reviews and on-site observations of service provisions was cross-referenced with parent survey responses. With the exception of rural programs, services are an identified strength as evidenced in data reported in the [Family Engagement](#) strand.

**Figure 1: IFSP Quality Assessment Results**

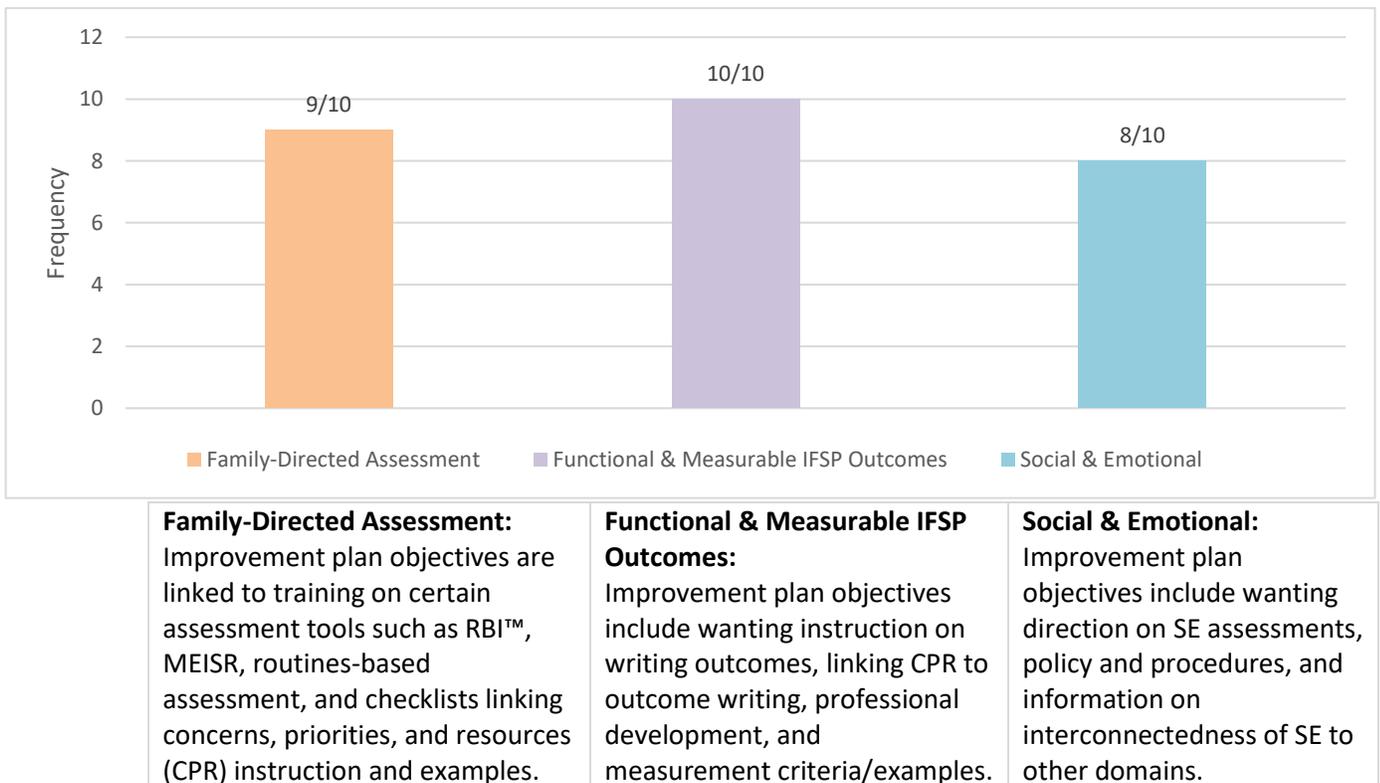


During January 2018 to February 2019, Part C program performance data was disseminated and discussed with both ICC members and guests and the Compliance and Quality Assurance work group. Information extrapolated from various presentations include aggregate quantitative and qualitative data used to inform stakeholders of the status of monitoring efforts, program performance issues, program strengths, and potential targets for T/TA.

In August and November 2018, the Plan, Do, Study, Act (PDSA) cycle, Communication Protocol Worksheet, and additional T/TA data tools produced by DaSy were introduced to stakeholders. Evaluation activities resulted in feedback to revise Baby Watch’s Theory of Action (ToA), Logic Model, improvement activities, and evaluation plan. The diverse opinions and perspectives from work group members contributed to meaningful discussions. Data presentation was designed to cater to Baby Watch’s diverse audience and ensured all voices were heard and valued. Refer to the [August 2018](#) and [November 2018](#) SSIP Compliance & Quality Assurance work group presentations for more information.

Each monitoring report included a Quality Assurance Plan (QAP) template. These QAPs are designed to be directed and implemented by each local program administration. The programs selected focus areas, set goals (improvement plan objectives) according to the recommendations made in their monitoring reports taking into consideration their own priorities and capacities. Trends in QAP improvement objectives and support needed by Baby Watch have emerged. **Figure 2** below shows improvement plan objectives grouped into broad categories, with 10 of 16 program QAPs reporting.

**Figure 2: Improvement Plan Objective Categories**



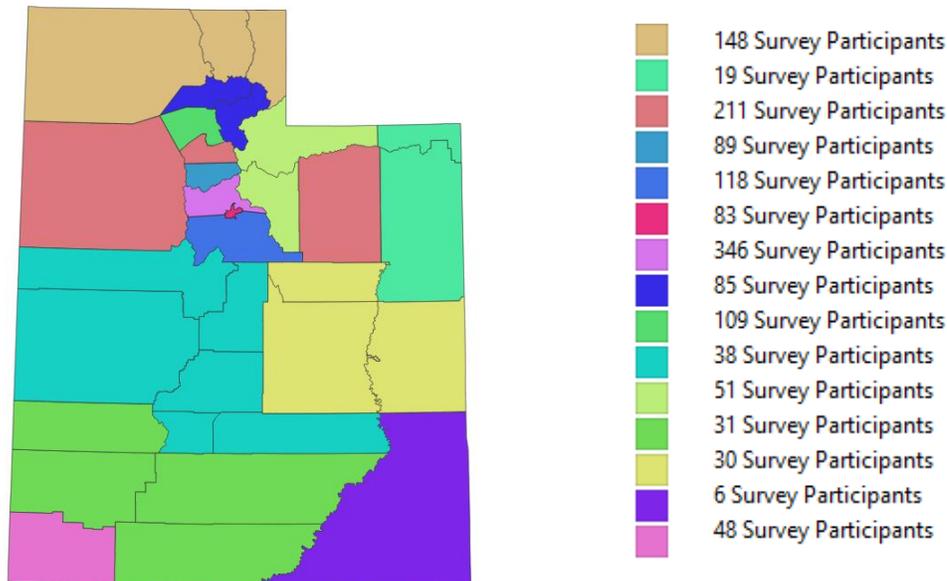
These common improvement plan objectives often aligned with direct asks from Baby Watch to provide targeted T/TA. In addition, these QAP trends align with data gathered in the monitoring reports as recommendations from Baby Watch. Refer to the [August 2018](#) and [November 2018](#) SSIP Compliance & Quality Assurance work group presentations for more information on common recommendations.

## Data Quality Issues and Plans for Improvement

Immediately following the initiation of the parent phone survey in January 2018, it was determined that in order to receive statistically meaningful feedback from parents from each of the 15 sub-recipients, Baby Watch would need to reconsider the survey method used as online surveys are a more effective way to reach families than phone calls. As a result, Baby Watch transitioned from phone to online survey distribution.

A total of 1,412 parents received the survey invitation email statewide, and 704 families (50%) participated. **Figure 3** below represents the numbers of parents participating in the survey by program.

**Figure 3: Parent Survey Responses by Program**



When making the shift to online survey distribution, Baby Watch failed to include demographic questions and therefore was unable to evaluate the data by race and ethnicity to identify similarities and differences in parent responses from diverse cultures. Baby Watch plans to mitigate this issue going forward.

## Plans for Next Year

The SSIP Compliance and Quality Assurance work group along with the Baby Watch team will implement any outstanding or amended activities identified as occurring within the February 1, 2019 – January 31, 2020 timeline as referenced in previous tables.

Baby Watch will continue to support each program in custom and targeted on-site and off-site T/TA needs, monitor completion of QAP improvement objectives, request additional improvement objectives upon completion of tasks, and provide statewide T/TA.

Statewide 2019 T/TA plans include webinars presented by Baby Watch staff in collaboration with SSIP Compliance and Quality Assurance work group, local EI programs and professionals, and other stakeholders to increase knowledge and practices on the following subjects:

- Parent Rights and Procedural Safeguards (March 2019)
- Transition Documentation (April 2019)
- Recommended Social-Emotional Screening & Assessment Tools (TBD)